

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

12999

2007 HOUSE HUMAN SERVICES

HB 1299

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1299

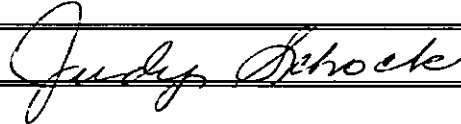
House Human Services Committee

Check here for Conference Committee

Hearing Date: January 15, 2007

Recorder Job Number: 1061

Committee Clerk Signature



Minutes:

Chairman Price: Open HB 1299.

Arnold Thomas, President of ND Healthcare Association: See attached testimony.

John Kapsner, Legal council for the ND Healthcare Association: See attached testimony,

and going through the amendments. **Mr. Kapsner** cleared up some of the committee's questions about the changes.

Howard Anderson, Executive Director of ND State Board of pharmacy: Sometimes I am in favor of things and sometimes I am not. This time I am not. There is always a risk in changing a law. This would allow all hospitals to have pharmacies in all their clinics. They are also starting to buy more nursing homes around the state this would allow them to also put a pharmacy in them. When you look at the law you will have to look at all the implications.

Supreme Court accepted the ownership law, and it served us well. We are reluctant to change it.

John Olson Representing ND Pharmacies Corporation and Attorney in Bismarck:

Anytime you create more exceptions, you weaken statutes. We believe the system is working well in ND. See map attached. I will also leave testimony with you from others who could not be here.

David Olig, Fargo pharmacist, and a registered lobbyist. See attached testimony. It is not feasible to have a pharmacy open for 24 hours a day. Management and ownership are two different things. Under the current law when a drug store closes and there is no one to purchase it, the Board of Pharmacy will have to find a way to service.

Bob Treitline, ND Pharmacy Inc: See attached testimony. There are no provisions in the law. When someone is a small business owner, they would be at great risk of losing their business. They are the heart and soul of our communities.

Joel Aukes President, NDSHP and registered lobbyist: I just wanted to stand up and inform the committee, our society represents 3990 pharmacists around the state. Because of the bill you heard the other week, all of the members of our society they are also members of ND pharmacy association. Our society has elected to be neutral on this bill.

Mike Rud, Executive Director of ND Retail Association: NDRA represents many across the state including a growing number of pharmacists. I am urging you to recommend a do no pass on HB 1299.

Tom Woodmansee, President of the ND Grocery Association: We are kind of in between on this issue. We followed this guideline for the last 10-15 years, in most of our stores. Our concern is that we be careful about what we do.

Other testimony was handed out from Gary Boehler, Jerry Gratz, Dennis Johnson, Ken Fix, Dennis Johnson, who were not able to be here.

Chairman Price: Any more opposition. If not we will close the hearing on HB 1299.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1299

House Human Services Committee

Check here for Conference Committee

Hearing Date: February 5, 2007

Recorder Job Number: 2848

Committee Clerk Signature

Judith Schock

Minutes:

Chairman Price: Take out HB 1299.

Representative Porter presents proposed amendments. In discussion with the parties between the hospitals and the pharmacy association there was general agreement on them.

Mr. Arnold Anderson, Executive Director of Board of Pharmacy: We had presented a similar amendment a couple years ago, which was rejected by the people at that time who was sponsoring the bill. We think this will solve some problems for us, and in those smaller communities.

Chairman Price: Now there is no priority given to a telepharmacy first or anything like that?

Mr. Anderson: If someone wanted to put a telepharmacy in the community, and really wanted to purchase the pharmacy that was there, I would say that would be a situation where the board would have to look at that. If someone already purchased the other pharmacy and was going to put a telepharmacy in there, it probably would end up being a telepharmacy. If on the other hand the hospital stepped forward and said we would like to run this with a full service pharmacy with a pharmacists.

Representative Kaldor: With the word must, I have to put this in context of the rest of the language in that section of law. Before this happens I am assuming you would want that

pharmacist wanting to sell their pharmacy to have first exhausted all other options. I have a question about the definition of community. Do we have any pharmacies in communities where there is no hospital, and do you see this as an opportunity for a near by hospital to extend pharmacy services in that community?

Mr. Anderson: Yes, there are pharmacies where there are no hospitals. Right now I would say the bill is pretty specific to the hospital in that community, however you can always look at the language and say, what is the community. There is no hard and fast definition of community. I guess I would want the board to look at it.

Representative Conrad: Glen Ullen has a nursing home and a pharmacy and no hospital along with a few other communities. Would you give that option to nursing homes?

Mr. Anderson: Right now this does not give the nursing homes that option to buy that pharmacy.

Representative Hofstad moves the amendment, seconded by **Representative Damschen**. The verbal vote was all yeas. **Representative Porter** has a second amendment in section 2 which includes a study, I move a do pass on the amendment, seconded by **Representative Uglem**. The vote was 7 yeas, 5 nays and 0 absent. **Representative Porter** moves as do pass as amended, seconded by **Representative Damschen**.. The vote was 9 yeas, 3 nays and 0 absent. **Representative Hatlestad** will carry the bill to the floor.

Proposed Amendments to HB 1299

Page 1, line 6, after the second bolded period, replace the remainder of the bill with "If a retail pharmacy is a sole community provider of pharmacy services, the board must grant a retail pharmacy permit to a hospital in that community which may purchase that pharmacy and may operate the pharmacy, at any location, in that community."

Renumber Accordingly

HB 1295

A BILL for an Act to require the Legislative Council to study the regulation and licensing of pharmacists.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. LEGISLATIVE COUNCIL STUDY – REGULATION AND LICENSING OF PHARMACISTS.

1. The Legislative Council shall study, during the 2007-08 interim, the regulation and licensing of pharmacists in this state. The study must include an examination of:

- a. The state board of pharmacy, its size, the manner of appointment, and whether or not the board is representative of both commercial and noncommercial pharmacists;
- b. The state's demographics and the impact that changing demographics in the rural areas will have on the ability of small locally owned pharmacies to remain economically viable and on the ability of rural residents to access low cost pharmaceuticals and pharmacy and pharmacists' services;
- c. The pharmacy ownership restrictions that were implemented nearly fifty years ago and their relevance in terms of marketplace competition and their impact on the price and availability of pharmaceuticals and pharmacy and pharmacists' services; and
- d. The statutory interplay between the state board of pharmacy and the North Dakota pharmaceutical association, and particularly whether the regulatory function of one conflicts with the advocacy function of the other.

2. The Legislative Council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the Sixty-first Legislative Assembly.

Date: 7/5
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES HB 1299 Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken move Amendment

Motion Made By Rep Hofstad Seconded By Rep Damschen

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman			Kari L Conrad		
Vonnie Pietsch - Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglen					
Robin Weisz					

Total (Yes) 12 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 0

Floor Assignment _____

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

House Amendments to HB 1299 (78265.0101) - Human Services Committee 02/09/2007

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact section 43-15-35 of the North Dakota Century Code, relating to postgraduate medical residency training program pharmacies; and to provide for a legislative council study.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 43-15-35 of the North Dakota Century Code is amended and reenacted as follows:

43-15-35. Requirements for permit to operate pharmacy - Exceptions.

1. The board shall issue a permit to operate a pharmacy, or a renewal permit, upon satisfactory proof of all of the following:
 - ~~1.~~ a. The pharmacy will be conducted in full compliance with existing laws and with the rules and regulations established by the board.
 - ~~2.~~ b. The equipment and facilities of the pharmacy are such that prescriptions can be filled accurately and properly, and United States pharmacopeia and national formulary preparations properly compounded and so that it may be operated and maintained in a manner that will not endanger public health and safety.
 - ~~3.~~ c. The pharmacy is equipped with proper pharmaceutical and sanitary appliances and kept in a clean, sanitary, and orderly manner.
 - ~~4.~~ d. The management of the pharmacy is under the personal charge of a pharmacist duly licensed under the laws of this state.
 - ~~5.~~ e. The applicant for such permit is qualified to conduct the pharmacy, and is a licensed pharmacist in good standing or is a partnership, each active member of which is a licensed pharmacist in good standing, ~~or~~ a corporation or an association, the majority stock in which is owned by licensed pharmacists in good standing, ~~or~~ a limited liability company, the majority membership interests in which is owned by licensed pharmacists in good standing, actively and regularly employed in and responsible for the management, supervision, and operation of such pharmacy.
 - ~~6.~~ f. Suitable reference sources either in book or electronic data form, are available in the pharmacy or on-line, which might include the United States pharmacopeia and national formulary, the United States pharmacopeia dispensing information, facts and comparisons, micro medex, the ASHP American society of health-system pharmacists formulary, or other suitable references pertinent to the practice carried on in the licensed pharmacy.
2. The provisions of ~~subsection 5~~ subdivision e of subsection 1 do not apply to ~~the~~:
 - a. The holder of a permit on July 1, 1963, if otherwise qualified to conduct the pharmacy, provided that any such permit holder ~~who~~ that discontinues operations under such permit or fails to renew such

permit upon expiration ~~shall~~ is not thereafter be exempt from the provisions of ~~subsection 5 subdivision e of subsection 1~~ as to the discontinued or lapsed permit. ~~The provisions of subsection 5 shall not apply to~~

- b. A hospital ~~pharmacies~~ pharmacy furnishing service only to patients in that hospital.
- c. The applicant for a permit to operate a pharmacy which is a hospital, if the pharmacy for which the hospital seeks a permit to operate is a retail pharmacy that is the sole provider of pharmacy services in the community and is a retail pharmacy that was in existence before the hospital took over operations. A hospital operating a pharmacy under this subdivision may operate the pharmacy at any location in the community.

SECTION 2. LEGISLATIVE COUNCIL STUDY - REGULATION AND LICENSING OF PHARMACISTS.

1. The legislative council shall consider studying, during the 2007-08 interim, the regulation and licensing of pharmacists in this state. The study must include an examination of:
 - a. The state board of pharmacy, the board's size, the manner of board membership appointment, and whether the board is representative of commercial and noncommercial pharmacists;
 - b. The state's demographics and the impact changing demographics in rural areas will have on the ability of small, locally owned pharmacies to remain economically viable and on the ability of rural residents to access low-cost pharmaceuticals and pharmacy and pharmacists' services;
 - c. The pharmacy ownership restrictions, the relevance of those restrictions in terms of marketplace competition, and the impact of those restrictions on the price and availability of pharmaceuticals and on pharmacy and pharmacists' services; and
 - d. The statutory interplay between the state board of pharmacy and the North Dakota pharmaceutical association and whether the regulatory function of the board conflicts with the advocacy function of the association.
2. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly."

Renumber accordingly

Date: 2/5
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES HB 1299 Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken None Amendment

Motion Made By Rep Porter Seconded By Rep Uglem

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Kari L Conrad		✓
Vonnie Pietsch - Vice Chairman	✓		Lee Kaldor		✓
Chuck Damschen	✓		Louise Potter		✓
Patrick R. Hatlestad		✓	Jasper Schneider		✓
Curt Hofstad	✓				
Todd Porter	✓				
Gerry Uglem	✓				
Robin Weisz	✓				

Total (Yes) 7 "Click here to type Yes Vote" No 5 "Click here to type No Vote"

Absent 0

Floor Assignment _____

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

Date: 2/5
 Roll Call Vote #: 3

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES HB 1299 Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken As Pass as Amended

Motion Made By Rep Porter Seconded By Rep Damsche

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Kari L Conrad		✓
Vonnie Pietsch - Vice Chairman	✓		Lee Kaldor		✓
Chuck Damschen	✓		Louise Potter		✓
Patrick R. Hatlestad	✓		Jasper Schneider	✓	
Curt Hofstad	✓				
Todd Porter	✓				
Gerry Uglem	✓				
Robin Weisz	✓				

Total (Yes) 9 "Click here to type Yes Vote" No 3 "Click here to type No Vote"

Absent 0

Floor Assignment Rep. Hatlestad

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

REPORT OF STANDING COMMITTEE

HB 1299: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (9 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). HB 1299 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact section 43-15-35 of the North Dakota Century Code, relating to postgraduate medical residency training program pharmacies; and to provide for a legislative council study.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

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 - ~~1.~~ a. The pharmacy will be conducted in full compliance with existing laws and with the rules and regulations established by the board.
 - ~~2.~~ b. The equipment and facilities of the pharmacy are such that prescriptions can be filled accurately and properly, and United States pharmacopeia and national formulary preparations properly compounded and so that it may be operated and maintained in a manner that will not endanger public health and safety.
 - ~~3.~~ c. The pharmacy is equipped with proper pharmaceutical and sanitary appliances and kept in a clean, sanitary, and orderly manner.
 - ~~4.~~ d. The management of the pharmacy is under the personal charge of a pharmacist duly licensed under the laws of this state.
 - ~~5.~~ e. The applicant for such permit is qualified to conduct the pharmacy, and is a licensed pharmacist in good standing or is a partnership, each active member of which is a licensed pharmacist in good standing, ~~or~~ a corporation or an association, the majority stock in which is owned by licensed pharmacists in good standing, ~~;~~ or a limited liability company, the majority membership interests in which is owned by licensed pharmacists in good standing, actively and regularly employed in and responsible for the management, supervision, and operation of such pharmacy.
 - ~~6.~~ f. Suitable reference sources either in book or electronic data form, are available in the pharmacy or on-line, which might include the United States pharmacopeia and national formulary, the United States pharmacopeia dispensing information, facts and comparisons, micro medex, the ASHP American society of health-system pharmacists formulary, or other suitable references pertinent to the practice carried on in the licensed pharmacy.
2. The provisions of ~~subsection 5~~ shall subdivision e of subsection 1 do not apply to ~~the~~ ;

- a. The holder of a permit on July 1, 1963, if otherwise qualified to conduct the pharmacy, provided that any such permit holder ~~who~~ that discontinues operations under such permit or fails to renew such permit upon expiration ~~shall is not thereafter be~~ exempt from the provisions of ~~subsection 5~~ subdivision e of subsection 1 as to the discontinued or lapsed permit. ~~The provisions of subsection 5 shall not apply to~~
- b. A hospital ~~pharmacies~~ pharmacy furnishing service only to patients in that hospital.
- c. The applicant for a permit to operate a pharmacy which is a hospital, if the pharmacy for which the hospital seeks a permit to operate is a retail pharmacy that is the sole provider of pharmacy services in the community and is a retail pharmacy that was in existence before the hospital took over operations. A hospital operating a pharmacy under this subdivision may operate the pharmacy at any location in the community.

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 - c. The pharmacy ownership restrictions, the relevance of those restrictions in terms of marketplace competition, and the impact of those restrictions on the price and availability of pharmaceuticals and on pharmacy and pharmacists' services; and
 - d. The statutory interplay between the state board of pharmacy and the North Dakota pharmaceutical association and whether the regulatory function of the board conflicts with the advocacy function of the association.
2. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly."

Renumber accordingly

2007 SENATE HUMAN SERVICES

HB 1299

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. **Engrossed HB 1299**

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: March 14, 2007

Recorder Job Number: 5052, 5085

Committee Clerk Signature

Mary K. Monson

Minutes:

Job #5052

Vice Chair Erbele opened the hearing on Engrossed HB 1299, a bill relating to the issuance of permits for the operation of a pharmacy.

Representative Porter (District 34) introduced Engrossed HB 1299. Referenced Page 2, Line 21 as the jest of the bill. Subsection C would allow a hospital to purchase a pharmacy in a willing-seller, willing-buyer situation. Gave examples [01:20]. The House added a part to the bill which calls for a legislative council interim study related to the regulation of licensing of pharmacists.

Vice Chair Erbele asked if a hospital-owned pharmacy would still be required to employ licensed pharmacists?

Representative Porter answered that hospital pharmacies have to employ licensed pharmacists and hospital-owned pharmacies would have the same requirements. The only exception would be that the hospital could put a pharmacy tech into the pharmacy or they could absorb it into their facility and run it like an after-hours situation. The pharmacy tech would have to meet the training requirements of the board.

Arnold Thomas, President of the North Dakota Healthcare Association, spoke and provided written testimony in support of Engrossed HB 1299 (Attachment #1). Language for the amendment with respect to the study was also provided (Attachment #2).

Senator Erbele asked if the language is put back to the original intent of the bill or is there more to the bill?

Mr. Thomas answered that the language deals only with the study, making it a mandatory legislative council study in the interim. It does not change any of the other provisions.

Susan Doherty, Executive Administrator of Health Policy Consortium (HPC), spoke and provided written testimony in support of Engrossed HB 1299 (Attachment #3). Additional amendments were offered to the study portion of the engrossed bill to repeal the ownership provision, to strengthen the language within that section. Currently there are three routes to bypass the ownership component: judicial, legislative, and administrative.

Joan Johnson, ND pharmacist, spoke and provided written testimony in support of Engrossed HB 1299 (Attachment #4).

Madame Chair Lee asked if hospital pharmacists under current law would be able to provide services for disease management of chronic conditions? Does current law limit the ability of non-retail pharmacists to participate in services like these?

Joan Johnson answered that many of those programs do hinge on retail licenses. It is not a level playing field for everyone to be able to access that. Clinical pharmacists in the hospital are qualified to provide this because they work with the primary care physicians and see the patients in the hospital. You have to be able to access the patient, not just the chart.

Susan Doherty stated that under the design of HPC, pharmacists are key players in designing interventions for the patient.

Madame Chair Lee asked if hospital pharmacists could provide that outreach?

Susan Schnabe, MeritCare Health System, answered that depending on the type of project, hospital pharmacists or non-independently owned pharmacies would be able to offer medication management strategy. They could make recommendations and make sure that patients have appropriate medication therapy and management of their disease phase. However, HB 1299 would limit pharmacists' ability to dispense medication in some settings because of the restrictive nature of the current ownership law. All pharmacists have the obligation to educate the patient, but cannot dispense medication to them without a current retail license—few exceptions (meter 33:08).

Howard Anderson, Executive Director of the ND State Board of Pharmacy, spoke and provided written testimony in support of Engrossed HB 1299 (Attachment #5) and are not in favor of the suggested amendments to change it back to the original form. The Board does not grant variances to the law—that is the job of the legislators; however, in many cases, the Board does grant variances to the rule. Modified written testimony on the original version of HB 1299 was also provided (Attachment #6). Written answers to questions posed by the House Human Services committee were also provided (Attachment #7). Regarding Madame Chair Lee's earlier question about medication therapy management, any pharmacist can participate in that. Referenced the Asheville Project (meter 40:00).

Senator Dever asked how this bill differs from the bill last session?

Howard Anderson answered that the original form of HB 1299 was very similar to the bill from last session. Similar amendments were offered last time, but the supporters of the bill did not accept them. This time, they agreed on the amendment. The Board of Pharmacy is not opposed to the study, but would oppose the suggestion to focus it on overturning the law. The study should provide information and the decision about the law should be made after the

study is done. The Board of Pharmacy has contracted with the Consensus Council to do some focus group studies.

Madame Chair Lee asked if health-affiliated pharmacists were included in that study?

Howard Anderson replied that the questions in the study refer to pharmacists in general and are not specified to retail or hospital-owned pharmacists. Regarding the service and access, the hospitals that have out-patient pharmacies now are not open longer than other retail pharmacies. Examples and further explanation followed (meter 44:47).

Senator Dever stated concern for small-town North Dakota, regarding the study of removing the ownership law, if big box stores started pharmacies. Is the Board concerned about that?

Howard Anderson replied that their perspective on the ownership law is that the pharmacists should be in charge of the decisions for the patient; that is the basis for the ownership law. Access is also important. Further explanation followed (meter 46:23).

Madame Chair Lee brought up pricing issues within urban and rural areas and between states (meter 47:29).

Howard Anderson answered that the study may look at some of those pricing issues. According to a study by a national group, the prices in North Dakota are not much different than the prices in other states.

Madame Chair Lee asked if there is only one chain in ND that was grandfathered in?

Howard Anderson explained that the grandfathering is permit-specific. Explanation and examples followed (meter 52:00).

John Olson, North Dakota Pharmacy Services Corporation, spoke in support of Engrossed HB 1299. The original version of HB 1299 was opposed and returning the bill to its original form would also be opposed. There are no disputes with the mandatory study. The pharmacy ownership law has been inherently laden with the intent to promote certain professions for the

benefit of North Dakota citizens. US Supreme Court decision challenging the pharmacy law was referenced (meter 56:53). The language in the bill right now makes sense, but if it were to be taken any further than this, it should be studied. The big box store is an issue for pharmacies as well as for other professions; that should be studied.

Kailee Fretland, pharmacy resident in Bismarck, spoke in support of Engrossed HB 1299.

Spoke of services in rural areas and opportunities for new pharmacists (meter 58:56).

No opposing testimony.

No neutral testimony.

Madame Chair Lee closed the hearing on Engrossed HB 1299.

Job #5085

The discussion on Engrossed HB 1299 was opened.

Senator Dever asked if this bill would allow a hospital in town to buy a pharmacy that is downtown?

Senator Warner replied yes.

Madame Chair Lee gave explanation about the similar bill heard last session (meter 00:16).

The bill last session would have permitted a hospital pharmacy to provide retail pharmacy services to the general public and not be limited to a maximum 3-day medication. It did not mean that the hospital was going to buy the drug store.

Senator Erbele referred to cases in his district that are dealing with these issues (meter 01:06).

Madame Chair Lee asked about the language Susan Doherty was going to provide for an amendment. Pharmacists today are better educated than they were before. As long as they are properly trained, they should be able to teach people how to use insulin pumps or other medication-dispensing items. There has been a graying of the boundaries.

Discussion regarding the amendment language from Susan Doherty followed (meter 04:20).

Senator Warner referenced Howard Anderson's comment that the amendment language prejudged the outcome of the study.

Madame Chair Lee brought up the amendment consideration from the Healthcare Association that would make the study mandatory. It can be promoted if it is not made mandatory. Making the study mandatory may jeopardize the passing of the bill and that is a concern.

Senator Heckaman asked if Senator Judy Lee would have any influence on picking the studies.

Madame Chair Lee said that legislators have the opportunity to tell legislative council members what they think is really important.

Senator Warner made a motion to recommend Do Pass on Engrossed HB 1299.

Senator Erbele seconded the motion.

Roll call vote was taken.

Motion passed 6-0-0.

Carrier is Senator Erbele.

Date: 3-14-07

Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1299

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Sen. Warner Seconded By Sen. Erbele

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair 2	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner 1	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Erbele

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