

2009 SENATE HUMAN SERVICES

SB 2180

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2180

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 01/20/2009

Recorder Job Number: 7309, 7351

Committee Clerk Signature

Mary R Mowson

Minutes:

Senator Lee opened the hearing on SB 2180

John Olson I am here on behalf of the ND Academy of Physician's Assistants (PA) to support SB 2180. Currently ND law allows physician's assistants to prescribe categories III-V but not category II, under the uniformed controlled substances act. Schedule II drugs are considered more potent but if you look at III-V's, some of them contain components of schedule II drugs. Physician's assistants have been doing a good job with the drugs they currently prescribe (which include components of schedule II drugs). I would sum up my comments by saying they are well trained under the supervision of physicians and they are a well established and respected component of the medical community. MN, SD, and MT have prescribing authority for schedule II drugs, and that is important.

Senator Dever Is the physician responsible if the PA makes a mistake?

Olson They could be as the terms of the agreement are that the physician has to supervise the PA. The physician has to have an ownership interest in the actions of the PA. There could be some disciplinary action if there were to be those problems.

Senator Lee Those problems would be handled by the NR Board of Medical Examiners?

Olson That is correct. The ND Board of Medical Examiners also licenses PA's and has jurisdiction over them.

Kate Larson Practicing PA and serves as the legislative co-chair of the ND Academy of Physicians Assistants (NDAPA). Spoke in support of SB 2180. See attachment #1. Schedule II drugs are used in treatment of pain and the ability for PA's to prescribe them would be very helpful in rural areas.

Senator Lee How many hours of continuing education are required for physicians?

Duane Houdek 60 hours every three years, less than the PA's.

Senator Dever I am curious as to why if PA's and physicians have such close working relationships, PA's can't just ask the physician to phone in the prescription?

Kate Larson That is the key to the PA's success, that relationship with the physician, so usually this is not a problem but when you are calling 5-6 times a night when you are on call, it is a little difficult.

Senator Heckaman What are nurse practitioners allowed to prescribe?

Kate Larson They are allowed to prescribe II-V, they just have to have a collaborating physician.

Duane Houdek Executive Secretary of ND State Board of Medical Examiners. Spoke in support of SB 2180. See attachment #2.

Arnold Thomas President of the ND Healthcare Association. Spoke in support of SB 2180. See attachment #3.

Senator Lee Would this make it easier to administer schedule II drugs in rural areas?

Thomas It would benefit all citizens in both urban and rural areas.

Howard C. Anderson Jr. Executive Director of the ND State Board of Pharmacy. Spoke in support of SB 2180. See attachment #4. To answer Senator Dever's question; A schedule II

drug requires a handwritten prescription so it doesn't help to call the physician because we have to have the signature in hand before we call in the prescription.

Senator Lee What about electronic prescribing?

Anderson The drug enforcement administration (DEA) is the one who sets the regulations for controlled substances. Unfortunately there are lots of people trying to figure out how they can divert controlled substances. The DEA is always slow because they are reluctant to open up any other avenues to allow people to access these types of drugs. They do not allow electronic signatures for prescribing controlled substances.

Senator Lee Would you be able to give us a brief description of section II drugs so that we know what we are talking about?

Anderson Drugs are scheduled based on their addictive potential not necessarily if they are more potent than another. Schedule II are the most addictive (ex. Codeine by itself is schedule II but Tylenol with Codeine is less addictive so it is schedule III). Schedule III are usually combinations. Schedule IV are generally less addictive for example, Valium and sleeping pills. Schedule V have the least addictive potential such as cough syrup with Codeine.

Senator Dever Among the medical community, how big of a problem is the abuse of class II drugs?

Anderson Some problems but not a huge problem. As soon as we find out about it we take action and suspend the providers license until they get into recovery. One of the advantages of a professional recovery system is that the professional has a lot more to lose than the guy on the street so they are willing to go in and stay in a program. About 6% of us have an addiction proclivity, so we have to deal with that but this is not a large problem.

Senator Lee Any further testimony in favor? Any opposed? Any neutral?

There was no neutral or opposition testimony given.

Senator Lee closed the hearing.

Job # 7351

Senator Erbele Recommended Do Pass on SB 2180

Senator Dever Seconded

Clerk called the role on the recommendation to Do Pass. Yes: 6, No: 0, Absent: 0.

Senator Marcellais will carry the bill.

Date: 1-20-09

Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2180

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended Rerefer to Appropriations

Motion Made By Sen. Erbele Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Marcellais

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

REPORT OF STANDING COMMITTEE

SB 2180: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS
(6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2180 was placed on the
Eleventh order on the calendar.

2009 HOUSE HUMAN SERVICES

SB 2180

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2180

House Human Services Committee

Check here for Conference Committee

Hearing Date: March 2, 2009

Recorder Job Number: 9913

Committee Clerk Signature *Ticky Crabtree*

Minutes:

Chairman Weisz called the hearing to order on SB 2180.

Rep. John Olson, representing the Academy of Physician Assistants: Testified in support.

When they first became an officially recognized profession, they were given the authority to prescribe a certain classes of drugs under the Uniform Control Substances Act and their drugs were Schedule 3,4 and 5. They weren't allowed the authority to prescribe Schedule 2. This bill is to expand their authority. Most other states including our border states all physician assists can prescribe Schedule 2.

Duane Houdek, Executive Director ND State Board of Medical Examiners: See Testimony #1.

Rep. Conrad: Supervision comes after prescription right?

Duane Houdek: They can write the prescription right there, but the main group of drugs that prescribing has already been gone over in terms of that contract I mentioned. They sit down and say, this is what your prescribing authority would be. Even after this bill, if the physician says, I'm not comfortable with Schedule 2, it will not be included.

Rep. Conrad: What kind of training do they have?

Duane Houdek: I looked up a couple of schools, one being UND for physician's assistants which is at the med school and they are trained there. And one in Iowa just because we have a board member who teaches there and very familiar with it. I talked Dave at the school of medicine. In Iowa they pick the same pharmacology courses as the doctors take from the same instructors for the same length of time. At UND they are taking courses often times from physicians and during the course of their training, they rotate with physicians throughout their training time and deal with all aspects including (inaudible). My wife was an RN went back to school for physician's assistant and took 2000 hours of training. It is very extensive.

Rep. Potter: Tell us the difference (inaudible).

Duane Houdek: Mr. Anderson knows that much better than I.

Rep. Potter: You say we've had physician assistants for many years. Do you have any idea of the (inaudible)?

Duane Houdek: I looked at the statute and the initial one got drafted (inaudible) in 1997. It has a good history.

Rep. Potter: Since 1997, how many actions have been done?

Rep. Houdek: One since I've been on board and didn't see any another actions since 1997. We removed the license and ability to do so on the one.

Scott Barry, licensed physician's assistant: Testified in support. **See Testimony #2.**

Howard Anderson Jr. R.Ph, Executive Director of ND State Board of Pharmacy: **See Testimony #3.**

Rep. Hofstad: Do nurse practitioners have prescriptive authority if so what (inaudible).

Howard Anderson: Yes, they have prescriptive authority and can do Schedule 2's.

Rep. Holman: Any difference between the licensed physician prescribed and (inaudible).

Howard Anderson: The only difference would be based on the agreement Duane mentioned earlier.

NO OPPOSITION.

Chairman Weisz closed the hearing.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2180

House Human Services Committee

Check here for Conference Committee

Hearing Date: March 2, 2009

Recorder Job Number: 9961

Committee Clerk Signature

Dicky Crabtree

Minutes:

Chairman Weisz: Let's take up 2180.

Rep. Conrad: Motion for a Do Pass.

Rep. Nathe: Second.

Roll Call Vote: 13 yes, 0 no, 0 absent.

MOTION CARRIED DO PASS.

BILL CARRIER: Rep. Nathe:

Date: 3-2-09

Roll Call Vote #:

2008 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2180

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass Do Not Pass Amended

Motion Made By Rep. Conrad Seconded By Rep. Nathe

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ	✓		REP. TOM CONKLIN	✓	
VICE-CHAIR VONNIE PIETSCH	✓		REP. KARI L CONRAD	✓	
REP. CHUCK DAMSCHEN	✓		REP. RICHARD HOLMAN	✓	
REP. ROBERT FRANTSVOG	✓		REP. ROBERT KILICHOWSKI	✓	
REP. CURT HOFSTAD	✓		REP. LOUISE POTTER	✓	
REP. MICHAEL R. NATHE	✓				
REP. TODD PORTER	✓				
REP. GERRY UGLEM	✓				

Total (Yes) 13 No 0

Absent 0

Bill Carrier Rep. Nathe

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

REPORT OF STANDING COMMITTEE

SB 2180: Human Services Committee (Rep. Welsz, Chairman) recommends DO PASS
(13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2180 was placed on the
Fourteenth order on the calendar.

2009 TESTIMONY

SB 2180

1

Kate Larson, PA-C
North Dakota Academy of Physician Assistants
Proponent Testimony: Senate Bill 2180, Physician Assistants
January 20, 2009

Mr. Chairman, Members of the Committee:

Thank you for the opportunity to appear before your committee today. My name is Kate Larson. I am a licensed physician assistant and serve as the legislative co-chair of the North Dakota Academy of Physician Assistants also known as NDAPA. I am the past president of the academy and have served on the board for the academy for the past 15 years. NDAPA is the state professional society for physician assistants representing about 240 PAs licensed to practice in North Dakota. I am asking today for your support of Senate Bill 2180, which will authorize physicians to delegate Schedule II prescribing authority to physician assistants in North Dakota.

Physician assistants, or PAs, are licensed health care professionals. As members of physician-directed teams, PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and write prescriptions. PAs practice in primary care and specialty care and exercise autonomy in medical decision making and provide a broad range of diagnostic and therapeutic services.

Schedule II medications as you are aware are primarily used in treatment of pain. When PAs are able to prescribe Schedule II medications; rural clinics as well as hospitals are able to manage patient care more efficiently.

Recent census data from the American Academy of Physician Assistants estimates that approximately 43% of PAs in North Dakota practice in rural areas. Allowing PAs to prescribe schedule II controlled medications increases the ability for PAs to provide health care to rural areas. This means that patients presenting with a kidney stone, myocardial infarction, or a fractured limb can receive immediate pain relief. A typical scenario for a rural emergency room covered by physician assistants is multiple phone calls to reach the supervising physician for these pain relief medications, while the patient is not patiently waiting. Also, after caring for patients for several years, when the dreadful diagnosis of terminal cancer is made, the patient must have their care transferred to a physician whom can prescribe the needed pain and comfort medications. This means a new medical provider for the patient causing significant new stress that they do not need.

This treatment is also important in the surgical setting. Surgeons who utilize PAs often do so because of the seamless delivery of care that PAs provide; a PA can assess a patient pre-operatively, assist in surgery, and then provide post-operative care. It is often the PA who discharges a patient from the hospital. When PA's can prescribe Schedule II

medications, patients don't have to wait to be discharged until a doctor is available to write a prescription for post surgical pain.

This is an incident that happened recently to our rural facility. A patient in an outlying clinic was seen for a prescription refill of a Schedule II medication. The physician assistant covering this clinic could not fill the medication. She phoned the supervising physician to fill the medication. However, Schedule II prescriptions must be hand carried to the pharmacy. This outlying clinic is 45 miles away. The patient had to wait until the next day when the physician assistant would be returning to the clinic to obtain the prescription.

Thirty-five other states have authorized PAs to prescribe Schedule II medications, including the states surrounding North Dakota. Additionally, no state that has granted Schedule II to PAs has ever rescinded this authority. There has been no record of significantly increased liability or malpractice claims due to a PA prescribing scheduled drugs.

Students at the University of North Dakota PA program receive the same amount of pharmacological education and training as students in states where PAs write prescriptions for Schedule II medications. In addition to classroom instruction, PA students are trained in pharmacology during clinical clerkships and rotations. It should be noted that students at the University of North Dakota nurse practitioner program receive comparable training, and nurse practitioners are already authorized to prescribe these medications in this state. Physician assistants must also obtain 100 hours of continuing education every 2 years to renew their license. These continuing education hours include the prescribing of these medications.

Thank you again for your time today, and for your continued efforts to improve access to health care in our state.

SUPPORT SB 2180 PHYSICIAN-DELEGATED PRESCRIPTIVE AUTHORITY FOR SCHEDULE II CONTROLLED SUBSTANCES FOR PHYSICIAN ASSISTANTS

Senators John Warner and Judy Lee have introduced Senate Bill 2180, authorizing physicians to delegate Schedule II prescribing authority to physician assistants (PAs). The North Dakota Academy of Physician Assistants (NDAPA) supports SB 2180.

*Same
handout
given to
House.*

Who are Physician Assistants?

Physician assistants, or PAs, are licensed health care professionals. As members of physician-directed teams, PAs practice in primary and specialty care, and provide a broad range of diagnostic and therapeutic services, including prescribing legend drugs and controlled medications.

How will SB 2180 affect the delivery of health care in North Dakota?

Schedule II medications are primarily used in the treatment of pain. This is most important in two areas:

- rural areas, where physicians may not be immediately available; and
- surgery, where patients often wait to be discharged from the hospital until a doctor is available to write a prescription to manage post-surgical pain.

When PAs are able to prescribe Schedule II medications, rural clinics as well as hospitals are able to manage patient care more efficiently.

Have other states authorized PAs to prescribe Schedule II medications?

- Thirty-five other states have authorized PAs to prescribe Schedule II medications.
- No state that has granted Schedule II to PAs has ever rescinded this authority.

Are PAs qualified to write for Schedule II prescriptions?

- Students at the University of North Dakota (UND) PA program receive the same amount of pharmacological education and training as students in states where PAs write prescriptions for Schedule II medications.
- In addition to classroom instruction, PA students are trained in pharmacology during clinical clerkships and rotations.

Are there any other organizations supporting SB 2180?

- North Dakota Medical Association
- North Dakota Board of Medical Examiners

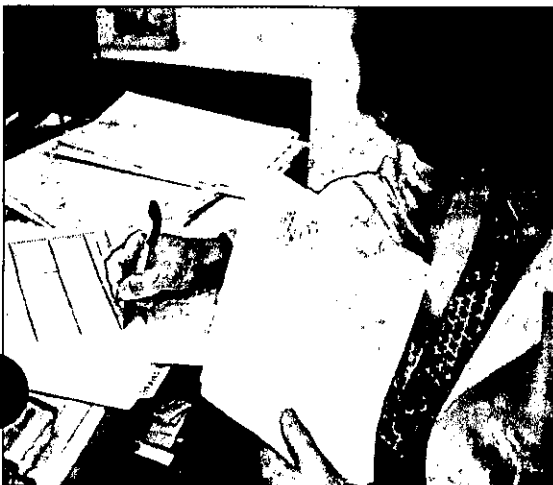
Issue Brief

Physician Assistants as Prescribers of Controlled Medications

Same handout given to House.

Controlled medications, also known as "scheduled drugs" or "scheduled medications," receive special treatment in law because of their potential for abuse, dependence, and diversion. Physician assistant pharmacology education prepares PAs to prescribe controlled drugs. Timely provision of these medications is crucial to appropriate patient care in primary care and specialty practice.

All 50 states have enacted laws or regulations that authorize supervising physicians to delegate prescriptive authority to PAs. Nearly all of these states allow PAs to prescribe controlled medications. Prescribing by PAs, as regulated by the state and by the supervising physician, can improve patient access to comprehensive care and provide for increased efficiency and cost-effectiveness. This delegated prescriptive authority should include controlled medications.¹



Controlled Medications in Medical Practice

Scheduled medications are integral to the provision of medical care. Their uses are wide and varied. In primary care, controlled medications are used for treating coughs, anxiety, and pain associated with minor trauma such as sports injuries. Scheduled drugs are commonly used by surgical practices and specialty practices in the treatment of postoperative pain, for immediate treatment of trauma patients whose injuries require transport for stabilization, in emergency departments, and by health care teams who care for patients with terminal illnesses.

According to the federal Drug Enforcement Administration (DEA), "controlled substances have legitimate clinical usefulness and the prescriber should not hesitate to consider prescribing them when they are indicated for the comfort and well being of patients."²

Physician Assistants' Preparation for Prescribing

The average student entering a PA program is a 27-year-old college graduate with nearly three years of prior health care experience as a paramedic, nurse, military corpsman, respiratory therapist, or other related occupation.³ Consequently, the majority of PA students have had prior training and/or clinical experience in pharmacology. It is important to note that prior to entering a PA program, all candidates must complete foundation coursework that prepares them for the rigors of pharmacology instruction. Typically, this includes prerequisite work in inorganic chemistry, organic chemistry and/or biochemistry, physiology, and microbiology. PA matriculants must also complete the courses required of premedical students, such as biology, behavioral sciences, and mathematics.

All physician assistant educational programs include pharmacology courses. The national average of required hours of formal classroom instruction in pharmacology is 78,⁴ which does not include instruction in pharmacology that students receive during clinical medicine coursework and clinical clerkships. Based on national data, the mean amount of total instruction in clinical medicine (the course focus is patient evaluation and management in cardiology, pediatric medicine,

obstetrics and gynecology, orthopedics, etc.) is 308.6 hours. The mean length of required clinical clerkships in PA programs is 51.5 weeks.⁵ A significant percentage of time is focused on patient management, including pharmacotherapeutics.

Basic science in pharmacology is generally taught by doctoral-level pharmacologists or clinical pharmacists. The courses specifically address topics covered in medical pharmacology courses including, but not limited to, pharmacokinetics, drug interactions, adverse effects, contraindications, indications, and dosage. These are presented in relation to specific body systems, such as the cardiovascular, neurologic, and gastrointestinal systems. This instruction is reinforced and augmented in clinical medicine units in which pharmacologic principles and treatment using pharmacologic agents comprise a significant component of each unit.

In addition, pharmacology education occurs on all clinical clerkships or rotations. While on these rotations, PA students write medication orders and prescriptions with physician and PA guidance and supervision. Approximately 30 percent of all end-of-rotation clinical examinations test student knowledge of pharmacotherapeutics. Students are also required to present patients and offer specific treatment modalities as part of their patient management plans. They attend medical conferences with physicians, nurses, and clinical pharmacists.

Physician assistant programs are accredited by the Accreditation Review Commission on Education for the Physician Assistant. All PA programs must meet the same set of national standards for accreditation. The professional coursework is taught by doctoral-level professors, including M.D.s, Ph.D.s, Ed.D.s, and Pharm.D.s. Much of the information is comparable, if not identical, to that offered at the graduate level (e.g., to medical students), especially as it relates to primary care.

Successful completion of a comprehensive national certification examination is required in all states as a prerequisite for state licensure. This examination is formulated, administered, scored, and evaluated by the National Commission on Certification of

Physician Assistants (NCCPA), in conjunction with the National Board of Medical Examiners. The NCCPA has reviewed and reported on the pharmacology content of its initial and recertification examinations.⁶ It has concluded that, while the tests cannot stand alone as verification of competency in one area of knowledge, it is highly unlikely that anyone could pass them without correctly answering a large percentage of test items dealing with clinical therapeutics.

More than 90 percent of practicing PAs maintain their national certification. This requires completing 100 hours of continuing medical education every two years, much of which involves pharmacotherapeutics, as well as a recertification examination every six years.

In addition to formal and continuing education courses, PAs expand their knowledge base every day through clinical practice with supervising physicians. PAs demonstrate a prudent approach to patient care and a continued desire to learn. Physician assistant scope of practice is dependent on physician delegation, and liability for the PA's actions is shared by the PA and physician. These and other factors lead to a physician-PA relationship characterized by clear understanding of clinical preferences and continuing communication.

PAs as Prescribers of Controlled Medications

Authorizing supervising physicians to delegate to PAs the ability to prescribe controlled medications allows for more effective practice by the physician-PA team. This effectiveness is important to physicians. When the PA can write the appropriate prescription, it allows the supervising physician to have fewer interruptions and to spend more time with patients who may be more seriously ill.

The ability of PAs to prescribe controlled medications is important to patients. PAs have commonly been utilized to extend care to rural and underserved populations. This can only be effective when the physician assistant is able to adequately provide primary care services, including routine analgesia and the stabilization and preparation for transport of patients with

injuries. Allowing PAs to prescribe controlled medications can also decrease unnecessary visits to the emergency department or return visits to the office when the patient can be seen by the physician.

In comments accompanying a regulation to grant PAs prescriptive authority for controlled medications, the New York Office of Regulatory Reform of the Department of Health concluded: "The result of the (controlled medication prescribing) regulation would be an improved and efficient patient care delivery system resulting in lower costs to patients and physicians."⁷

PA ability to prescribe controlled medications is dependent on state law. In some states, physician assistants have been authorized to prescribe controlled medications for more than 30 years. No state that has enacted provisions to allow PAs to prescribe controlled medications has ever rescinded them. There has been no record of significantly increased liability or malpractice claims due to PA prescribing of scheduled drugs. Professional liability insurers do not increase premiums when PAs are granted authority to prescribe controlled medications.

DEA Registration

The Drug Enforcement Administration has a registration category specifically for physician assistants, nurse practitioners, and other so-called "midlevel practitioners" who are authorized to prescribe controlled substances by state law or regulation. PAs delegated to prescribe controlled substances must register with the DEA to obtain a registration number. For more information or to obtain a registration application, contact the DEA Registration Unit at 800/882-9539, or on-line at www.deadiversion.usdoj.gov.

Definition of Controlled Medications

Controlled medications are generally subject to special provisions in both state and federal law because of their potential for abuse and dependence. They are grouped into five "schedules" based on their abuse potential. Drugs in Schedule I are substances that have a high abuse potential and no accepted medical use in the United States. They include heroin,

LSD, and ecstasy (MDMA). Examples of drugs in Schedules II-V are as follows:

Schedule II Substances

Substances in this schedule have a high potential for abuse with severe psychological or physical dependence. Examples of single entity Schedule II narcotics include morphine, codeine, and opium. Other Schedule II narcotic substances and their common name brand products include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®), and fentanyl (Sublimaze® or Duragesic®). Examples of Schedule II stimulants include amphetamine (Dexedrine® or Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®). Other Schedule II substances include cocaine, amobarbital, glutethimide, and pentobarbital.

Schedule III Substances

Substances in this schedule have a potential for abuse less than substances in Schedules I or II. Examples of Schedule III narcotics include combination products containing less than 15 milligrams of hydrocodone per dosage unit (i.e., Vicodin®) and products containing not more than 90 milligrams of codeine per dosage unit (i.e., Tylenol with codeine®). Examples of Schedule III non-narcotics include benzphetamine (Didrex®), phendimetrazine, dronabinol (Marinol®), ketamine, and anabolic steroids such as oxandrolone (Oxandrin®).

Schedule IV Substances

Substances in this schedule have a lower potential for abuse relative to substances in Schedule III. Examples of Schedule IV narcotics include propoxyphene (Darvon® and Darvocet-N 100®). Other Schedule IV substances include alprazolam (Xanax®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), midazolam (Versed®), temazepam (Restoril®), and triazolam (Halcion®).

Schedule V Substances

Substances in this schedule have a lower potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs. These are generally used for antitussive, antidiarrheal, and analgesic purposes. Examples include cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC® and Phenergan with codeine).

June 2007

References

1. American Academy of Physician Assistants. Guidelines for State Regulation of Physician Assistants. 2007-2008 Policy Manual. Alexandria, VA.
2. Drug Enforcement Administration. Practitioner's Manual. September 2006.
3. *Twenty-second Annual Report on Physician Assistant Educational Programs in the United States, 2005-2006*. Alexandria, VA. Physician Assistant Education Association.
4. *Fifteenth Annual Report on Physician Assistant Educational Programs in the United States, 1998-1999*. Alexandria, VA. Association of Physician Assistant Programs.
5. *Seventh Annual Report on Physician Assistant Educational Programs in the United States, 1990-1991*. Alexandria, VA. Association of Physician Assistant Programs.
6. Report on the Pharmacology Content of the Physician Assistant National Certifying Examination and PA National Recertifying Examination, 1995. National Commission on Certification of Physician Assistants. Atlanta, GA.
7. New York State Register, December 17, 1997, p. 21.



NORTH DAKOTA STATE #2 BOARD OF MEDICAL EXAMINERS

Duane Houdek
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BEFORE THE SENATE HUMAN SERVICES COMMITTEE

S.B. 2180

TESTIMONY IN SUPPORT OF S.B. 2180
NORTH DAKOTA STATE BOARD OF MEDICAL EXAMINERS
Duane Houdek, Executive Secretary

January 20, 2009

Madam Chair, members of the Senate Human Services Committee, my name is Duane Houdek, Executive Secretary of the North Dakota State Board of Medical Examiners. The Board is charged by statute to regulate the practice of medicine in the state, and that includes licensing and disciplining physicians and physician assistants. The Board is composed of 10 practicing physicians from across the state, and two public members, who may not be affiliated with a health care organization.

The Board of Medical Examiners unanimously endorses S.B. 2180, which would allow physician assistants to prescribe schedule II controlled substances.

The statute this bill would amend, Section 43-17-02.1, NDCC, is part of the chapter the Board of Medical Examiners enforces on behalf of the State. As such, the existing limitation placed on the prescriptive privileges of physician assistants was either initiated or first endorsed by the Board. This was borne of an abundance of caution at a time when physician assistants were relatively new to the medical profession.

After years of regulating physician assistants, and of working with them on a day-to-day



NORTH DAKOTA STATE BOARD OF MEDICAL EXAMINERS

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basis, the Board is satisfied that the education, training and, most importantly, the proven practice of physician assistants warrants the removal of this limitation.

Permit me to offer two aspects of physician assistant practice that you may find relevant to your consideration of this bill: First, the degree of cooperation and supervision between physicians and physician assistants is great. Every physician assistant must have a working agreement, approved by the board, with a supervising physician. This agreement covers the delegation and review of functions and specifically addresses the delegation of prescribing authority. So, even though this bill authorizes full prescriptive authority, it will be reviewed on a case-by-case basis and approved by a physician only when deemed appropriate.

Second, the record of physician assistants in disciplinary proceedings before the board is extremely good. I think our board is very aggressive in disciplining those it licenses, doctors and physician assistants alike. Others, who study such things nationally, consistently say that is true. And yet, we have relatively few actions against physician assistants, including actions involving their prescriptive authority.

These factors help give assurance that the step taken in this bill is a safe one.

Others will testify as to the need that physician assistants fill in this state, and the benefit to the public of extending their services through this proposed legislation. The Board's mission is to help protect the public health and safety and, from that perspective, it readily endorses this bill.

Thank you, Madam Chair. I would be glad to try to answer any questions.



#3

Vision

The North Dakota Healthcare Association will take an active leadership role in major healthcare issues.

Mission

The North Dakota Healthcare Association exists to advance the health status of persons served by the membership.

Testimony in Support of SB 2180
Physician Assistant Prescription Authority
January 20, 2009

Chairman Lee, Members of Senate Health and Human Services Committee. I am Arnold Thomas, President, North Dakota Healthcare Association. I am here in support of SB 2180.

SB 2180 would permit Physician Assistants to prescribe Schedule II drugs. This change in prescriptive authority does not alter the present supervisory relationship between the Physician and the Physician Assistant.

Because of this required and well established relationship, expanding the prescriptive authority of Physician Assistants will be a patient benefit, not a liability.

Chairman Lee, I would entertain any questions you or members of the Committee may have.



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Same to given to House.

Senate Bill #2180—Physician Assistant—Limitations on Prescribing Drugs
Senate Human Services Committee
9:30 AM - Tuesday – January 20, 2009
Red River Room

Chairperson Lee, Members of the Senate Human Services Committee. For the record I am Howard C Anderson, Jr, R.Ph, Executive Director of the North Dakota State Board of Pharmacy. Thank you for the opportunity to speak to you today.

The North Dakota State Board of Pharmacy is in support of Senate Bill #2180.

We have discussed this in general at our Board Meetings and wondered at what point the physician assistants and the Board of Medical Examiners would agree that it is time to move forward and allow physician assistants to prescribe Schedule II Controlled Substance Drugs.

There is always some risk with increased access to Controlled Substances. The risk can be for the prescribers themselves and for the patients they serve. However, physicians, nurse practitioners and pharmacists have access to these drugs now and we do not think there is any significant reason to think that access by physician assistants for the prescribing of these drugs will be any worse than the rest of us.

There will be problems, we know that, but we will deal with those problems as we deal with those same problems when they occur with the other professionals.



NORTH DAKOTA STATE #1 BOARD OF MEDICAL EXAMINERS

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Executive Secretary and Treasurer

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BEFORE THE HOUSE HUMAN SERVICES COMMITTEE

S.B. 2180

TESTIMONY IN SUPPORT OF S.B. 2180
NORTH DAKOTA STATE BOARD OF MEDICAL EXAMINERS
Duane Houdek, Executive Secretary

March 2, 2009

Mr. Chairman, members of the House Human Services Committee, my name is Duane Houdek, Executive Secretary of the North Dakota State Board of Medical Examiners. The Board is charged by statute to regulate the practice of medicine in the state, and that includes licensing and disciplining physicians and physician assistants. The Board is composed of 10 practicing physicians from across the state, and two public members, who may not be affiliated with a health care organization.

The Board of Medical Examiners unanimously endorses S.B. 2180, which would allow physician assistants to prescribe schedule II controlled substances. Physician assistants have been prescribing schedule III - V controlled substances for years.

The statute this bill would amend, Section 43-17-02.1, NDCC, is part of the chapter the Board of Medical Examiners enforces on behalf of the State. As such, the existing limitation placed on the prescriptive privileges of physician assistants was either initiated or first endorsed

by the Board. This was borne of an abundance of caution at a time when physician assistants were relatively new to the medical profession.

After years of regulating physician assistants, and of working with them on a day-to-day basis, the Board is satisfied that the education, training and, most importantly, the proven practice of physician assistants in North Dakota warrants the removal of this limitation.

Permit me to offer two aspects of physician assistant practice that you may find relevant to your consideration of this bill: First, the degree of cooperation and supervision between physicians and physician assistants is great. Every physician assistant must have a working agreement, approved by the board, with a supervising physician. This agreement covers the delegation and review of functions and specifically addresses the delegation of prescribing authority. So, even though this bill authorizes full prescriptive authority, it will be reviewed on a case-by-case basis and approved by a physician only when deemed appropriate. Also, physician assistants work closely with physicians to constantly review their practice. Our rules require the individual supervising physician to be available continuously for contact by the PA.

Second, the record of physician assistants in disciplinary proceedings before the board is extremely good. Our board is very aggressive in disciplining those it licenses, doctors and physician assistants alike. Others, who study such things nationally, consistently say that is true and rank North Dakota among the top states in rate of physician discipline. And yet, we have very, very few actions against physician assistants, including actions involving their prescriptive authority.

These factors help give assurance that the step taken in this bill is a safe one.

Others will testify as to the need that physician assistants fill in this state, and the benefit

to the public of extending their services through this proposed legislation. The Board's mission is to help protect the public health and safety and, from that perspective, it readily endorses this bill.

Thank you, Mr. Chairman. I would be glad to try to answer any questions of the committee.

#2

Scott Barry, PA-C
North Dakota Academy of Physician Assistants
Proponent Testimony: Senate Bill 2180, Physician Assistants
March 2, 2009

Chairman, Members of the Committee:

Thank you for the opportunity to appear before your committee today. My name is Scott Barry. I am a licensed physician assistant and serve as the legislative co-chair of the North Dakota Academy of Physician Assistants also known as NDAPA. NDAPA is the state professional society for physician assistants representing about 240 PAs licensed to practice in North Dakota. I am asking today for your support of Senate Bill 2180, which will authorize physicians to delegate Schedule II prescribing authority to physician assistants in North Dakota.

Physician assistants, or PAs, are licensed health care professionals. As members of physician-directed teams, PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and write prescriptions. PAs practice in primary care, specialty care and exercise autonomy in medical decision making and provide a broad range of diagnostic and therapeutic services.

Schedule II medications as you are aware are primarily used in treatment of pain. When PAs are able to prescribe Schedule II medications; rural clinics as well as hospitals are able to manage patient care more efficiently.

Recent census data from the American Academy of Physician Assistants estimates that approximately 43% of PAs in North Dakota practice in rural areas. Allowing PAs to prescribe schedule II controlled medications increases the ability for PAs to provide health care to rural areas. This means that patients presenting with a kidney stone, myocardial infarction, or a fractured limb can receive immediate pain relief. A typical scenario for a rural emergency room covered by physician assistants is multiple phone calls to reach the supervising physician for these pain relief medications, while the patient is not patiently waiting. Also, after caring for patients for several years, when the dreadful diagnosis of terminal cancer is made, the patient must have their care transferred to a physician whom can prescribe the needed pain and comfort medications. This means a new medical provider for the patient causing significant new stress that they do not need.

This treatment is also important in the surgical setting. Surgeons who utilize PAs often do so because of the seamless delivery of care that PAs provide; a PA can assess a patient pre-operatively, assist in surgery, and then provide post-operative care. It is often the PA who discharges a patient from the hospital. When PA's can prescribe Schedule II medications, patients don't have to wait to be discharged until a doctor is available to write a prescription for post surgical pain.

This is an incident that happened recently my co-chair Kate Larson's rural facility. A patient in an outlying clinic was seen for a prescription refill of a Schedule II medication. The physician assistant covering this clinic could not fill the medication. She phoned the supervising physician to fill the medication. However, Schedule II prescriptions must be hand carried to the pharmacy. This outlying clinic is 45 miles away. The patient had to wait until the next day when the physician assistant would be returning to the clinic to obtain the prescription.

Thirty-five other states have authorized PAs to prescribe Schedule II medications, including the states surrounding North Dakota. Additionally, no state that has granted Schedule II to PAs has ever rescinded this authority. There has been no record of significantly increased liability or malpractice claims due to a PA prescribing scheduled drugs. The pharmacy board now has a prescription drug monitoring program that will show what every practitioner orders in the state for certain medications drugs.

Students at the University of North Dakota PA program receive the same amount of pharmacological education and training as students in states where PAs write prescriptions for Schedule II medications. In addition to classroom instruction, PA students are trained in pharmacology during clinical clerkships and rotations. It should be noted that students at the University of North Dakota nurse practitioner program receive comparable training, and nurse practitioners are already authorized to prescribe these medications in this state. Physician assistants must also obtain 100 hours of continuing education every 2 years to renew their license. These continuing education hours include the prescribing of these medications.

Thank you again for your time today, and for your continued efforts to improve access to health care in our state.