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**House Human Services Committee
Chairman – Representative Robin Weisz
SB 2221
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Chairman Weisz and members of the committee, for the record, my name is Mike Schwab, Executive Vice President of the North Dakota Pharmacists Association. I am here today in support of SB 2221.

There are three main sections of this bill that are being changed. If it is okay with you, I would like to review each section as they are different in nature.

The first section of the bill that I would like to address starts on page 1 and includes lines 13-14 and lines 19-23.

These changes are being requested to remove certain age restrictions placed upon pharmacists who are authorized under their scope of practice to provide vaccinations. Currently, pharmacists are authorized to provide vaccinations to individuals who are 11 years or older and pharmacists can only provide the influenza (flu) vaccine to individuals who are 5 years or older.

According to the American Pharmacists Association and the National Alliance of State Pharmacy Associations, currently 28 states have no age restrictions placed on pharmacists when it comes to their ability to provide vaccinations. There are a few differences state-to-state such as some states might require a prescription, and some

might require a protocol or one or the other. North Dakota law allows pharmacists to provide vaccines by protocol or prescription.

We are requesting pharmacists in North Dakota be authorized to provide vaccines to individuals who are 3 years or older. This request also mirrors a current federal executive order that authorizes pharmacists to provide vaccines to individuals who are 3 years or older. This was done due to the current pandemic and as an attempt to bring some uniformity to states as it relates to pharmacists providing vaccinations. Technically speaking, pharmacists in North Dakota already have the authority to provide vaccinations to individuals 3 years and older right now and have been since this past summer. However, once the pandemic ends, we would suddenly not be allowed to do so, due to more restrictive state laws that in are in place.

We are also being told by our national organizations, they are seeing at least 12 other states looking to change their current vaccination age limitations to mirror federal authority or move to no age restrictions.

The next section of the bill requesting a change starts on page 3 – line 30 and carries over to page 4 – line 1.

This section deals with the definition of “emergency pharmacy practice”. Currently pharmacists are authorized to fill an emergency prescription refill for up to 72 hours. While this has been helpful, it is really an inconvenience for both the patient, pharmacist, and in some cases the practitioner. There are also issues when an emergency refill is needed on a Friday and three days later which is a Monday, the patient is

waiting on the pharmacist to get a hold of the practitioner (hoping to get a hold of them right away) so the patient can come back to pick-up the rest of their prescription supply. This is especially true for drugs such as insulin or other drugs that might cause undesirable health consequences, physical or mental discomfort.

The change in this section would also allow the pharmacist to bill for the prescription using their NPI number if necessary. You will also see on page 4 – lines 3-10 outline the parameters when a pharmacist can only provide an emergency refill.

The last area of the bill I would like to call you attention to is on page 7 – lines 6-7 and lines 19-23.

These changes allow the North Dakota Board of Pharmacy to establish limited prescriptive authority to develop a statewide protocol for public health issues which is defined to include immunizations, tobacco cessation and other issues deemed appropriate by the Board of Pharmacy. As you can see in the definition, the Board would only be authorized to establish limited prescriptive authority as it relates to statewide protocols for immunizations and tobacco cessation initially. Let me explain this a little bit further to help give some context.

Immunizations are listed because pharmacists already have a statewide protocol established with the North Dakota Department of Health and has had this in place for many years. You might ask then why does the Board of Pharmacy need to do this? To be honest, during the pandemic and going through three state health officers during a (very) short period of time caused problems and delays. Given this process has been in

place for years, we would hope there are no issues with the Board of Pharmacy taking over the statewide protocol process for immunizations.

A statewide protocol for tobacco cessation is being requested because we had approached the North Dakota Department of Health during last session to jointly develop and implement a statewide protocol for pharmacists as it relates tobacco cessation. We had the protocol developed and had the blessing of the Department. However, once it went to legal review and later to the Attorney General for an opinion, it was determined that Department of Health only had authority as it relates to communicable diseases. It was determined tobacco cessation does not fall into that category and we had to put the brakes on implementing the statewide protocol.

You might ask, why are pharmacists asking for limited prescriptive authority under a statewide protocol for immunizations and smoking cessation. There is plenty of evidence and growing recognition across the U.S. that pharmacists are an exceptional resource, one of the most trusted healthcare professionals, especially as it relates to public health issues, they are medication experts, many are actively engaged in wellness and prevention services and pharmacists are the most accessible healthcare provider. Not just any pharmacist can provide immunizations or tobacco cessation services. In both instances, a pharmacist needs to have completed additional certification requirements, in order, to provide that service. Limited prescriptive authority is not new, and many other states have various types of limited prescriptive authority for pharmacists. Both immunizations and tobacco cessation are two areas where pharmacists are engaged throughout the state. Vaccine administration is well established in pharmacy practice and this is a local extension. Helping an individual to quit smoking

does not require a diagnosis or labs, etc. In a lot of cases, whether it is the department of health or some practitioners, I think they would welcome all the help they can get engaging patients to quit using tobacco.

The statewide protocols would be based off best practices and recommendations from experts in the field, especially as it relates to tobacco cessation. Only pharmacists who have completed the extra certification requirements would be eligible to provide the service as well.

If any additional statewide protocols were to be considered by the Board of Pharmacy in the future, they would have to go through a 30-day public comment period as well as the regular ruling making process before they could implement any further statewide protocols.

With that, I have concluded my testimony. I would be happy to try and answer any questions you might have for me. Thanks for your time and attention today.

Respectfully Submitted,



Mike Schwab

EVP - NDPhA