2021 SB 2221

Senate Human Services Committee

Senator Judy Lee, Chairman

January 27, 2021

Chairman Lee and members of the Senate Human Services Committee, I am Melissa Hauer, General Counsel for the North Dakota Hospital Association (NDHA). I am here to testify in support of some of the provisions of Senate Bill 2221 and with a request that some of the other provisions be stricken or amended.

We support the change provided on page three to allow a pharmacist to dispense an emergency prescription refill of up to 30 days (currently only a 72-hour supply is allowed) if the pharmacist is unable to obtain refill authorization from the prescriber. It is important for patients to have essential medication if they inadvertently ran out and the pharmacy is unable to quickly contact the patient's provider.

The bill will also allow the North Dakota Board of Pharmacy to establish limited prescriptive authority through a statewide protocol for public health issues within the scope of practice for a pharmacist. The board would be required to adopt rules to establish standards of care. We would like a definition of “prescriptive authority” to be added. It is unclear if this new prescriptive authority is intended to pertain solely to public health, or if it would pertain to other things as may be defined by the board.

The bill also provides on page one that a pharmacist may administer immunizations and vaccinations to an individual who is at least three years of age. While catching up on, or getting better immunization rates, is every health care provider’s goal, we are concerned about vaccinating children that young in a non-healthcare setting. Our members expressed most concern about this portion of the bill. Here is how one physician described his concern:

> Three years of age is simply too young. There has been a very limited amount of time to determine the status of their immune system. In many cases, these children will have been neglected without regular medical follow-up and no documentation of allergies, etc. Most importantly, if there is a catastrophic reaction to a pharmacy-based vaccination, pharmacies for the most part will be completely unprepared. Intravenous access is "the" most important first step in anaphylaxis and is exceedingly difficult in children, often requiring a skilled and experienced practitioner. Administration of crystalloid is key in resuscitation and is not in the pharmacy protocol for treatment of adverse reactions.

The best practice to prevent allergic reactions is to identify individuals at increased risk by obtaining a history of allergy to previous vaccinations and vaccine components that might indicate an underlying hypersensitivity. We believe such young children should receive vaccines in a health care setting from a pediatrician, Nurse Practitioner, or Physician Assistant who knows this medical history and who can quickly respond if there is a serious reaction. If vaccination of such young children by pharmacists is allowed, we recommend adding a requirement that pharmacies be prepared to treat adverse reactions, including anaphylaxis in both children and adults.

In summary, we support portions of the bill as noted and request some provisions be removed or amended as described. I would be happy to respond to any questions you may have. Thank you.

Respectfully Submitted,

Melissa Hauer, General Counsel/VP
North Dakota Hospital Association