

## **Senate Human Services Committee**

**March 7<sup>th</sup>, 2023**

**Chairman – Rep. Robin Weisz**

Madam Chair Lee and Members of the Senate Human Services Committee, my name is Allison Hursman and I live in Fargo, ND. I am a pharmacist who has had the privilege of working in the “ambulatory care setting” for the past four years. What this means is that I don’t work in a traditional pharmacy setting. I am not surrounded by shelves of drugs on a daily basis. Instead, I work in the clinic and see patients, who schedule appointments to see me, just like a medical provider would. Generally, I see patients for chronic medication management, which includes visits focused on polypharmacy, chronic disease state management, opioid tapers and more. I am a credentialed and privileged provider, which means that I can prescribe medications, order labs, change doses of medications, etc. just like a medical provider.

Patients are asked to bring all of their medications with them their appointment with me and often will show up with a grocery bag full of prescription medications, over the counter products, herbal supplements and topical preparations. They are almost always embarrassed by the number of medications that they are taking, whether they are on 5 medications or 40+.

I say that it’s a privilege to work in ambulatory care because there are a relatively small number of pharmacists who work in this setting. Right now, in North Dakota, there are less than 30 pharmacists who identify as working as an ambulatory care pharmacist (<2% of pharmacists in the state). The majority of all ambulatory care pharmacist positions are located in the larger metropolitan areas or at Indian Health Services (IHS). Leaving most of the state unserved by an ambulatory care pharmacist.

I help to serve the healthcare team by assisting in managing chronic disease states such as hypertension, dyslipidemia, and diabetes. I generally have a lot more access in my schedule than a medical provider. This access also allows me to follow-up with patients sooner and on a more regular interval than they would with their provider. This becomes important in ensuring that patients are tolerating their medications, were able to pick them up from the pharmacy and afford the medications, are using them correctly, etc. As a pharmacist, I’m often able to intercept issues prior to the patient seeing their provider again, correcting issues within weeks as opposed to three to six months. I work to ensure that patients are able to afford their medications, finding alternative options when necessary. In my role, I also assist in helping to ensure that patients are meeting their health goals. In doing chronic disease management, I can adjust a patient’s medications every time that I see them, sometimes on a

weekly basis, to ensure that their blood pressure or glucose levels are at goal when they see their provider again.

One of my favorite services that I have provided in my ambulatory care practice is opioid tapers. I am referred patients who are currently taking opioid medications and would like to get off of them or decrease their usage to a less dangerous level. This work is very rewarding in seeing patients' quality of life improve by decreasing the amount of opioid that they are taking and finding alternative medications or modalities to manage their pain. I will always remember the patient who told me that I "saved his life" by managing his opioid taper at a rate that he was able to tolerate and minimize any potential withdrawal effects.

Unfortunately, insurance companies are not mandated to pay for the services provided by pharmacists at this time. This limits the number of health systems or community pharmacies that are able to justify the value of having a pharmacist on their team who is providing comprehensive medication management. This is especially difficult for the health systems and pharmacies located in rural areas. This mandate would assist pharmacists in getting reimbursed for the services that we are providing and the work that we are doing to improve patient outcomes and the health of the residents across North Dakota.

I ask for your support of HB 1095 and improving the care for patients of the state of ND. Thank you for your time and consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Allison Hursman".

Allison Hursman, PharmD, BCGP

Fargo, ND