

**Senate Human Services Committee**  
**March 7<sup>th</sup>, 2023**  
**Chairman – Senator Judy Lee**

Submitted by:  
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Madam Chair Lee and members of the Senate Human Services Committee, my name is Brody Maack and I live in Kindred, ND. I am past President of the North Dakota Society of Health-System Pharmacists, and the current Chair-elect of the American Society of Health-System Pharmacists Section of Ambulatory Care Practitioners. I am also a pharmacist who doesn't work in a pharmacy. I don't dispense, sell or make drugs, but I do practice pharmacy and positively impact patient health. In general, this is a concept that can be difficult for people to understand. I don't think that my family or those closest to me even have a good idea as to what I really do at work. Rightfully so, as I don't work as a stereotypical pharmacist does. So, the million dollar question becomes, what do I really do? Understanding this will help put into perspective the positive impact that House Bill 1095 will have on optimizing medication use in North Dakotans.

I work in a clinic setting, and I consider myself a medical provider who specializes in medication optimization. I meet with patients in an exam room, just like how you would meet with your other medical provider (doctor, nurse practitioner, physician associate, etc). I generally spend 30-45 minutes talking with a patient about their medications. Patients are asked to bring in all of their medications to our meetings. This includes prescription medications, over the counter medications, herbal products and supplements. They often present with a grocery bag full of things.

Throughout our visit, I will analyze their entire medication regimen for opportunities for improvement. Are they taking two medications that are duplicative or working against each other? I ask the patient about side effects – specific side effects that are commonly associated with the medications that they are taking. Best case scenario, they aren't having any adverse effects from their medications. However, all too often, I do see patients who are struggling with potentially avoidable side effects from their medications.

I also will sometimes see the prescribing cascade that can follow. For example, a patient is started on a medication to lower their blood pressure. This medication can cause them to retain more fluid. The patient has swelling in their ankles, so they are started on another medication to reduce the swelling. This medication makes them have to go to the bathroom more often, so they are started on a 3<sup>rd</sup> medication to decrease urinary frequency. And this all continues, stemming from one medication-related side effect.

As we work through each of the patient's medications and discuss why they are taking it, if it is working for them and whether they are experiencing any side effects, I am evaluating the continued need for this medication. When meeting with patients, I often tell them that I prefer to take away medications as opposed to add them. Every patient that I meet with thinks that they are taking too many medications, whether they are on 4 or 40. This is not an exaggeration. Providers at my clinic will refer patients to me strictly for "polypharmacy". The provider feels that the patient may be taking too many medications and would like an expert to look at their regimen and see if there is anything that can be eliminated or may be dangerous for the patient.

Patients are also referred to me for helping them optimize their medications for controlling various conditions, such as high blood pressure, diabetes, anticoagulation and tobacco cessation. I am a credentialed and privileged provider and work under a collaborative practice agreement with my provider colleagues. This allows me to utilize my expertise and pharmacist training to prescribe new medications, adjust doses of medications, order lab tests, and discontinue medications to aid in optimizing patients' care, just as their other medical provider would. The patients continue to see their regular medical provider as they normally would, however because they need extra attention and care, I am able to manage their conditions in between their regular provider visits in order to help free up time for providers to see their other patients in their very busy schedules.

Enhancing patients' health by increasing access to pharmacists' care is my passion. I have given multiple continuing education presentations to other healthcare providers including nurses, doctors, advanced practice clinicians and pharmacists on this topic. These presentations highlight the importance and positive impact that the pharmacist can have on a patient's health when working as an integral member of the health care team. It is my hope that through these educational endeavors and clinical experiences, I can inspire others to continue the work of medication optimization and deprescribing as it is not a task that can be accomplished by one singular individual. Further, if this type of pharmacy practice were to become more common across pharmacy settings (such as in community pharmacies), then patients will have a more healthy and enjoyable medication experience across all transitions of care.

I urge this committee to support robust comprehensive medication management in ND by supporting House Bill 1095, which will lead to better health outcomes, reduce hospital readmissions, and promote optimization of patients' medication experience. As you can see, much of the work pharmacists do closely mirrors the care patients receive at chronic disease follow up visits with their medical provider, and this work helps to improve patient health while freeing up the time of our overworked medical provider team members. Additionally, pharmacists are recognized as a "health care practitioner" in North Dakota Century Code. Unfortunately, not all North Dakota citizens have access to this high-level pharmacist care due to lack of insurance companies including these types of pharmacist services into their overall health benefit design. If pharmacists were able to provide various medication optimization services and be reimbursed just as any other healthcare provider who can provide these services, the patient is ultimately the one who benefits the most. I encourage this committee to support medication optimization services that allow pharmacists take a more active role in providing care for the patients of North Dakota.

Thank you for your consideration,

Dr. Brody Maack, PharmD, BCACP, CTTs