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**Senate Human Services Committee
Madam Chair, Senator Judy Lee
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HB 1095 – 9:00am**

Madam Chair and members of the Senate Human Services Committee, for the record, my name is Mike Schwab, the Executive Vice President of the North Dakota Pharmacists Association. We are here today in support of HB 1095.

Over the past decade, comprehensive medication management (CMM) services provided by pharmacists has gained widespread attention for achieving improved health outcomes in patients with chronic health conditions, while also reducing health care costs. CMM is a patient-centered approach to optimizing medication use and improving patient health outcomes that is delivered by a pharmacist working in collaboration with the patient and other healthcare providers. CMM is a comprehensive patient care process, with a definition and a set of essential functions and operational definitions that outline the steps required to deliver the intervention in a consistent standardized manner.

Many states already allow for a variety of CMM types of services to be provided by pharmacists (Wisconsin, Ohio, Washington State, Tennessee, Minnesota, Kentucky, Texas and Idaho come to mind). In the past, the U.S. Surgeon General and the National Governors Association have both called for states to fully integrate pharmacists into healthcare teams and allow pharmacists to practice at the top of their scope of practice as the medication experts.

HB 1095 does not expand the scope of practice for pharmacists. This bill also does not give pharmacists the ability to diagnosis, nor does this bill provide additional prescriptive authority for pharmacists.

This bill looks to leverage a pharmacist's expertise, increase patient health outcomes and reduce healthcare costs. There is an ever-growing set of data and literature that shows the value of CMM services being provided by pharmacists.

Pharmacists have deep experience readily translatable to value and risk-based models of care. Their skillset makes them adaptable to the broad array of care delivery models which can benefit members, plans and sponsors. Rather than competing with medical staff providers, pharmacists look to collaborate and extend the critical work being done at clinics and hospitals.

“Health plans may benefit from higher plan quality ratings, lower premiums and plan bids, increased shared savings, and quality bonus payments...Pharmacists can work alongside physicians in advanced care models and play a vital role in shaping the primary care practice transition to value-based care.”

Making the economic value proposition for pharmacist comprehensive medication management (CMM) in primary care: A conceptual framework. Research in Social and Administrative Pharmacy

This bill also establishes an advisory committee which allows all the players to voice their recommendations, to develop best practices, develop a standardization of care, focus on program quality measures, address care coordination and will establish health plan data reporting requirements. These are all key elements in developing successful CMM services.

Efforts, such as HB 1095, have been proven to be of value in many other states and in many areas of healthcare. CMM services also have a great track record of increasing patient health outcomes and providing a return on investment. If done right, these types of efforts benefit all players in healthcare, including the health insurance carriers. Thank you for your time and attention. I am happy to try and answer any questions.

Respectfully Submitted,



Mike Schwab
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