



January 20th, 2026
Joint Policy Committee

Dear Chairman Lee, Chairman Ruby, and all distinguished members of the Joint Policy Committee:

I appreciate the opportunity to comment on SB 2402, increasing prescriptive authority for pharmacists in North Dakota. I am an assistant professor and director for the Knee Regulatory Research Center at West Virginia University. This comment is not submitted on behalf of any party or interest group.

Every county in North Dakota has at least one facility or areas that is designated as a primary care health professional shortage areas, where there is significant reduced access to physicians when residents need routine and preventative care.¹ North Dakota take an important step towards increasing access to healthcare services for residents by maximizing the number of locations and providers where residents are able to obtain necessary prescriptive medications for routine and minor conditions.

Our team of researchers published a peer-review study on the effectiveness of this policy in other states.¹ Idaho was the first to pass similar expansive prescriptive authority changes for pharmacists in 2018. Focusing on patients with diabetes or asthma, this change allowed individuals to obtain insulin pen needles and rescue inhalers without having to seek out emergency room treatment or waiting days, or weeks, for scheduled visits with a specialist.² This has increased access to medication that helps prevent potentially life-threatening health emergencies if individuals do not receive timely preventative medicines. Working with the Challey Institute at North Dakota State University,² we provide data-backed insight into different ways that North Dakota could unlock the potential of non-physician healthcare providers, and this was one of our top identified areas of improvement for the state.

Prescriptive authority expansions for pharmacists may have similar effects on increasing the number of locations where North Dakota residents are able to receive medications that are crucial for promoting preventative health care and improving patient well-being. This does not replace specialized and primary care, as patients are often required to have previous or existing prescriptions, but allows pharmacists to be an important part of the patient-focused care team. Access to medications is pivotal for bettering health outcomes for rural and marginalized communities that may not have ready and timely access to their physician or specialist.

Best regards,

¹ <https://doi.org/10.1111/coep.12647>

² https://www.ndsu.edu/sites/default/files/fileadmin/challeyinstitute/Research_Briefs/Rural_Health_Care_Access.pdf

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