

I am a family physician and geriatrician with over forty years of clinical experience. I'm testifying today to express my concern about expanding pharmacists' prescribing privileges. This may seem like an easy solution to increase access to care in rural areas, however it can put patient safety at risk. I ask that you accept the amendments to the bill proposed by the ND Medical Board. This includes requiring that pharmacists share documentation of their prescribing with the patient's physician.

I also recommend that pharmacists not prescribe for urinary tract infections (UTI). Evaluation and treatment of urinary tract symptoms can be complex and is beyond the realm of a pharmacist's training. An example is treating an elderly nursing home patient who has dementia. Nursing home staff may request an antibiotic for possible UTI as a cause of the patient's increased confusion. UTI is rarely the cause, and unnecessary antibiotic use often leads to side effects such as chronic diarrhea. I foresee nursing home staff who are challenged by a dementia patient's behavior contacting the pharmacist for UTI treatment and causing unintended harm to the patient.

I am also very concerned about the ability of pharmacists to maintain patient confidentiality when prescribing in the pharmacy setting. The bill amendment that allows pharmacists to order post exposure prophylaxis (preventative treatment) for nonoccupational exposure to human immunodeficiency virus (HIV) is a good example. Ordering treatment in this situation involves asking sensitive questions about a patient's sexual orientation and practices. I can't imagine a busy pharmacist in one of our communities being able to safeguard a patient's privacy while discussing these issues and subsequently transmitting that information electronically to the patient's physician.

Thank you for your consideration. Please contact me if I can provide any additional information about my concerns.

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