STATE OF NORTH DAKOTA
GOVERNOR KELLY ARMSTRONG

**NORTH DAKOTA STATE BOARD OF PHARMACY**
**OFFICE OF THE EXECUTIVE DIRECTOR**

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# Bill No 2402 – Practice Authorities for Pharmacists

Joint Policy Committee – 327B
1:00 PM - Wednesday – January 21st, 2026

Madam Chair Lee and Chairman Ruby, Members of the Joint Policy Committee, for the record I am Mark J. Hardy, PharmD, Executive Director of the North Dakota State Board of Pharmacy. I appreciate the opportunity to be here to speak to you today.

The Board of Pharmacy is fully supportive of pharmacists in our state practicing to the top of their education and expertise to serve the patients of our great state. Senate Bill 2402 will deliver on that, and it is why our Board is here in support of the legislation.

This bill is brought to you because of the Rural Health Transformation Grant "Grant" and the emphasis that the Grant conditions have for states to expand Pharmacist's practice authorities. Specifically, the Grant references a Cicero institute study to score states on the full practice authority for pharmacists in each state. As a backdrop to this, many states have enacted laws to allow more authorities for pharmacists to provide expanded models of care. Those policy solutions have been successful in utilizing the expertise and accessibility of pharmacists to provide options to the public for additional services that improve management of common illnesses and chronic diseases. Utilization of CLIA waived tests within pharmacies has continued to grow as patients desire the accessibility and affordability that is offered by having these simple but highly accurate tests conducted at pharmacies. The Federal Government has seen the impacts of these models in states with improved patient outcomes and lower costs. Thus, you see the emphasis to support these models by the current administration.

The Grant emphasizes that states enact policy changes that will enhance the pharmacist practice authorities to provide the state additional resources to impact rural health. Those policy changes included in this bill are:

1. allowing pharmacists to order laboratory tests and allowing pharmacists to perform all CLIA-waived laboratory tests
2. Extend further authorities of pharmacists to prescribe drugs and devices as well as allowing substitution of therapeutically equivalent drugs

The CLIA waived changes are set forward in Section 2 (page 7) and Section 5 (page 12). The last section creates a broad exemption for pharmacists to perform CLIA waived tests in the Clinical Laboratory Practice Act like nurses and physicians currently have.

In Section 3 (page 9) proposes a path of targeted prescriptive authorities for pharmacists in a similar manner to what the state of Idaho did in 2018 prior to moving to a full prescriptive

authority model for pharmacists. The drugs and devices proposed are fairly consistent to Idaho's approach and represents authorities commonly enacted by many other states. A pharmacist would need to meet the many requirements set forth in the section which includes maintaining a protocol for each drug category, maintaining documentation, and providing notification back to the primary care provider or provider of record. I would be happy to walk through the requirements and authorities in detail or I can discuss models of care I see impactful for any of the authorities if the committee wishes. The goal in this type of expansion is to look to utilize the extensive knowledge and expertise of pharmacists to diversify options for patients that lead to improved accessibility and efficiencies for an increasingly burdened healthcare system especially in a rural state like ours.

In Section 4 (page 11) proposes an allowance for pharmacies to perform therapeutic substitutions based on the therapeutic equivalence of medications. This section is modeled after the state of Arkansas's legislation from 2021. This equivalence would be mostly determined by clinical publications comparing dosages in distinct classes of medication. This is meant to empower pharmacists to better care for patients at the counter when the inevitable situations of insurance coverage or drug shortages may prevent patients from getting the therapies in which a practitioner originally prescribed. This authority would provide an option for pharmacists to ensure a patient's care is not delayed when there is a therapeutic alternative that would be able to be used. This preserves the authority of the practitioner to indicate "no substitution" and also requires the patient to consent to the substitution.

We have appreciated the dialogue with the Board of Medicine, Medical Association and Pharmacist Association as we have worked through the legislation. We are supportive of the amendments offered by Senator Roers to strike a compromise in many areas of the bill hopefully to assist in some of the concerns from our physician colleagues.

There have been claims made that utilizing pharmacists in these types of expansions may create substandard care models or that pharmacists lack the expertise, skills or information needed compared to the current models. Those arguments are not new and they ignore the extensive educational background, professional standards and oath that the pharmacist takes as they provide professional care each and every day. Pharmacists are there to serve their patients. Leveraging the accessibility of pharmacies and broad pharmacy network across our rural state, these authorities drafted from other states can be incorporated into the practice of pharmacy here and be safely regulated by our Board. We believe these models are safe, effective, proven and patient centered. We respectfully ask for the committee to adopt the amendments and move forward with this legislation. I would be more than happy to address any questions you may have.