

Joint Policy Committee SB 2402 January 21, 2026

Chair Lee, Chair Ruby and Committee Members, I am Courtney Koebele, the Executive Director for the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA shares the North Dakota Board of Medicine's concerns about SB 2402 in its current form and supports the Board's proposed amendments.

NDMA is in full support of the Rural Transformation Funding and wants North Dakota to receive the full extent of the funding. The concerns about clawback are understandable, but they do not apply to the amendments proposed today. North Dakota received a moderate score on the pharmacist expansion item, and the proposed amendments will not impact that score.

The bill, as proposed, expands the scope to allow pharmacists to independently test, prescribe, and substitute medications prescribed by a health care provider. NDMA has concerns about the broad reach of this language and potential patient safety risks. Here is why.

- Pharmacists without access to comprehensive patient records pose a significant safety risk. The prescriber loses the ability to screen for drug interactions, allergic reactions, and duplications. This could result in adverse events and lead to fragmented care, putting the patient's safety at risk.

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- The original bill allows treatment of “uncomplicated urinary tract infections.” Dr. Erica Hofland submitted testimony on this issue, and the interested parties agree that this should be removed from the bill.
- Allowing a pharmacist to prescribe statins for closing gaps in clinical guidelines poses a considerable patient safety risk. As discussed by the Board of Medicine, there are reasons in the medical record why a patient would not be on a statin. Without this background, it would not be wise to allow a pharmacist to independently prescribe a statin.
- The bill allows therapeutic substitutions without limitations, provided that they are supported by clinical publications comparing dosages within therapeutic classes. Again, without access to the medical records, this is a concerning provision. The amendment proposes an exclusionary list of medications that shouldn’t be substituted without consulting the treating provider.

The Board’s amendments seek to clarify this and ensure that the primary care provider receives the information necessary to continue treating that patient.

NDMA stands in full support of the proposed amendments.

Thank you. I would be happy to answer any questions.