1641 Capitol Way
Bismarck ND 58501-2195
Tel 701-258-4968
Fax 701-258-9312
Email: mschwab@nodakpharmacy.net

Special Session January 2026
Joint Policy Committee – SB 2402
Joint Chairs, Senator Judy Lee and Rep. Matt Ruby

Madam Chair Lee, Chairman Ruby and members of the Policy Committee, for the record, my name is Mike Schwab, Executive Vice President of the North Dakota Pharmacists Association. We are here today in support of Senate Bill 2402 which expands prescriptive authority for pharmacists in North Dakota.

Why is this bill in front of all of you?

SB 2402 looks to address a specific area of the Rural Health Transformation Program (RHTP) effort dealing with the practice of pharmacy. CMS scored states in a variety of areas and the scope of practice for pharmacy happened to be one of those areas. In relationship to the ordering of labs and prescriptive authority for pharmacists, North Dakota was given a score of "zero" by CMS. The Rural Health Transformation Interim Committee and Legislative Management moved the bill you see in front of you in an effort to address the poor score North Dakota was given in this area. In addition, the North Dakota Department of Health and Human Services also included this bill effort in their funding application to CMS as well.

When the Rural Health Transformation Program was released by the federal government, the U.S. Secretary of the Department of Health and Human Services was quoted stating, "Rural Health Transformation can also be used to tackle workforce challenges head-on by allowing professionals like pharmacists to take on greater roles in delivering care…without such measures staffing shortages will continue to compromise access in too many rural communities." In addition, the CMS Administrator is urging states to utilize the Rural Health Transformation Program to allow pharmacists to prescribe and dispense medications to help alleviate travel for patients in underserved areas and reduce costs of care such as avoiding an ER visit for a strep test as an example.

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The Rural Health Transformation Program aims to address some the challenges faced by rural communities, including limited access to healthcare services and workforce shortages. By allowing pharmacists to take on greater roles in delivering care, the program seeks to improve healthcare access and quality in rural areas. The program encourages states to commit to expanding pharmacists' scope of practice, which includes allowing more prescriptive authority. SB 2402 checks many boxes related to the intent of the Rural Health Transformation Program.

SB 2402 is modeled after legislation passed in Idaho back in 2018. The bill in front of you does not give pharmacists full prescriptive authority. Even though SB 2402 is limited, we feel it is a practical and thoughtful approach. This kind of an effort is not new and many states have gone even further than this bill outlines. Since 2018, Idaho has moved to full prescriptive authority for pharmacists. There are other states that allow full prescriptive authority like Idaho and have expanded prescriptive authority models for pharmacists such as Montana, Iowa, Colorado, Illinois, Oregon and West Virginia.

I think it is important to note that we are not aware of any major safety issues or negative outcomes being reported when states have implemented these types of expansions. In fact, we have seen extremely high patient satisfaction, reduced barriers to accessing care, reduced wait times for patients, reduction in patients seeking higher levels of care such as ER visits for basic treatments, reduced patient costs and reduced travel for patients. The 5 A's of Access hold true for these types of efforts – Affordability, Availability, Accessibility, Accommodation and Acceptability.

In most care models involving pharmacist test to treat services, a large portion of patients who access pharmacist-led services do not have a primary care provider and many accessed the pharmacy outside of normal clinic hours (evenings and weekends). These are patients who might otherwise have gone to an urgent care or ER, or delayed treatment. Studies also show patients have to take off work 4x more than if they accessed the same test and treat service at a pharmacy (strep for example).

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Peer-reviewed evidence consistently shows pharmacist-led test-and-treat services, when implemented with safeguards, are safe and yield health outcomes equivalent to physician-led care. In our rural state, we feel strongly that this kind of a model can fill gaps in care without sacrificing quality and safety as seen in studies. SB 2402 includes best practices for pharmacist-led independent prescribing involving a tightly defined scope, protocols based on clinical guidelines, use of objective tests, criteria for treating vs referring to other health care providers, documentation, follow-up care plans and communication with physicians and patients.

Project IMPACT 2025 showed and verified many of the positive findings mentioned above related to pharmacist-led test and treat services. In addition, Project IMPACT also stated 84% of patients did not have to take off work to access test and treat services when provided by a pharmacist.

We have spent a considerable amount of time working with the ND Board of Pharmacy, ND Board of Medicine, and the ND Medical Association with Senator Roers helping to facilitate common ground. While we are not happy with all the changes, we were willing participants in a true negotiation where neither side received everything they wanted. Let's face it, as healthcare providers in a small rural state, we all need to work together for the betterment of our patients, communities, colleagues, and our healthcare system. Whether we like it or not, community-based care models have been expanding, will continue to expand and there are plenty of reasons why pharmacists should be part of those models, especially as we look to transform healthcare in a rural state like ND.

We respectfully ask for your support of SB 2402. Thank you for your time and attention. I am happy to try and answer any questions.

Respectfully submitted,

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