

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2387

2007 SENATE POLITICAL SUBDIVISIONS

SB 2387

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. **SB 2387**

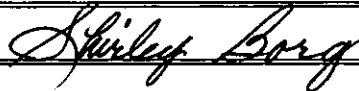
Senate Political Subdivisions Committee

Check here for Conference Committee

Hearing Date: **February 2, 2007**

Recorder Job Number: **2710**

Committee Clerk Signature



Minutes:

Chairman Cook called the Senate Political Subdivisions Committee to order. All members (5) present.

Chairman Cook opened the hearing on SB 2387 relating to pharmacist license requirements/relating to the membership of the state board of pharmacy and annual reports of the state board of pharmacy/relating to the North Dakota pharmacists association.

Chairman Cook, District 34, Mandan ND, Prime Sponsor, introduced SB 2387. There is one issue that is very dear to me. When I talked to a constituent early in the summer, I realized that pharmacists do not have a choice as far as membership in their association. Belonging to an association should be a free choice not a condition of licensure.

Representative Porter, District 34, Mandan, ND testified in support of SB 2387. This bill is an identical version of a bill that was in the House of Representatives early on. There are a couple of different arguments that come up. Should someone be forced to be a member of the trade association? In the existing law the pharmacists that are getting their license mails in a check for two hundred dollars. The state agency, the licensing agency, regulatory agency send a check of half of that amount to the association. So when the pharmacist's mails in their licensing fee they are also mailing in their mandatory membership to the association. In

section one of the bill it talks about the Board of Pharmacy. Inside of the Board of Pharmacy, there are five pharmacists that are appointed to the Board of Pharmacy. Their nominations come from within the association, so they are a self nominating group. There is no member of the public on this board. The majority of the membership is made up of one specific type of pharmacist, retail pharmacist. Currently there are two hospital pharmacists on this board. You hear if you take this mandatory money away from this association that by next session it just won't exist. If they are that non responsive to the needs of their members, maybe they should not exist. They should not have the opportunity to continue on in a mandatory fashion with mandatory assessments and then not be responsive on the other end. You can't have it both ways.

Joan Johnson, on behalf of the 128 pharmacists, testified in support of SB 2387. (See attachment #1)

John Savageau, RPh, representing himself, testified in support of SB 2387. (See attachment #2)

Brian Ament, R.Ph, Pharm.D, testified in support of SB 2387. (See attachment #3)

George Sinner, a letter from former governor Sinner, in support of SB 2387, was passed out. (See attachment #4)

Opposed to SB 2387.

Jerome Wahl, President elect of the ND Pharmacist Association, testified in opposition to SB 2387.(See attachment # 5A & 5B)

Joel Aukes, member of ND Society Health-System Pharmacist and ND Pharmacist Association. (See attachment #6)

Riely Rogers, Retired Hospital Pharmacist, testified in opposition to SB 2387. One of the things that has happened in this series of testimonies is that no one has mentioned getting

pharmaceutical services to the people of North Dakota. We have talked about the services that we offer but we are a small state in population, we are a small hospital pharmacy association. There are retail pharmacists that are overseeing hospitals in the small towns that have no pharmacy because they can not afford them. We have to keep the availability if we divide our selves, that won't happen. We don't have that many to start with. We want to maintain strong organizations.

Mark Hardy, Pharmacy Student, Niche, ND, testified in opposition of SB 2387. (See attachment # 7A, 7B, & 7C)

Howard Anderson, Jr. R. Ph, Executive Director of the ND State Board of Pharmacy, testified in opposition to SB 2387. (See attachment 8A, 8B, & 8C)

Chairman Cook asked Mr. Anderson if the Board had taken a position on SB 2387. He did not see that in black and white. Can I get that from the board on letter head with the seal?

Senator Olafson: What has been done by the trade association to try to address the concerns of those who are unhappy with the policy of the association?

Howard Anderson: There have been negotiations with them.

No further testimony in favor, opposed or neutral to SB 2387.

Chairman Cook closed the hearing on SB 2387.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. **SB 2387**

Senate Political Subdivisions Committee

Check here for Conference Committee

Hearing Date: **February 2, 2007**

Recorder Job Number: **2715**

Committee Clerk Signature

Shirley Borg

Minutes:

Chairman Cook called the committee back to order.

Chairman Cook: We have before us SB 2387. I figured that the testimony would get way off track. I hope that the issue we see here is the mandatory nature of the membership. What are your wishes committee?

Senator Hacker moved a Do Pass.

Senator Olafson seconded the motion.

Discussion:

Roll call vote: 4 Yes 1 No 0 Absent

Carrier: **Senator Cook**

FISCAL NOTE

Requested by Legislative Council

01/23/2007

Bill/Resolution No.: SB 2387

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$2,000	\$0	(\$153,000)	\$0	(\$153,000)
Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The Board would no longer be paying 1/2 of the license fee to the ND Pharmacists Association

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

One half of the current license fee of \$200 per year goes to the ND Pharmacists association. This bill repeals that language.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The bill does not change revenue amounts, that would need to be done by rule making.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The reduction in expenditures is based on \$100 per each of the 765 pharmacists currently licensed. An estimate of \$2000 is included for rule making.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

No appropriated funds are involved. None of these funds are included in the executive budget.

Name:	Howard C. Anderson	Agency:	Board of Pharmacy
Phone Number:	328-9535	Date Prepared:	01/23/2007

Date: 2-2-07
Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2387

Senate Political Subdivisions Committee

Check here for Conference Committee

Legislative Council Amendment Number 1

Action Taken Do Pass Re Refer APP.

Motion Made By Senator Hacker Seconded By Senator Olafson

Senators	Yes	No	Senators	Yes	No
Senator Dwight Cook, Chairman	X		Senator Arden C. Anderson		X
Senator Curtis Olafson, ViceChair	X		Senator John M. Warner	X	
Senator Nicholas P. Hacker	X				

Total Yes 4 No 1

Absent 0

Floor Assignment Senator Cook

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 2, 2007 3:11 p.m.

Module No: SR-23-2030
Carrier: Cook
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2387: Political Subdivisions Committee (Sen. Cook, Chairman) recommends DO PASS and BE REREFERRED to the Appropriations Committee (4 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). SB 2387 was rereferred to the Appropriations Committee.

2007 SENATE APPROPRIATIONS

SB 2387

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2387

Senate Appropriations Committee

Check here for Conference Committee

Hearing Date: 02-09-07

Recorder Job Number: 3331

Committee Clerk Signature



Minutes:

Chairman Holmberg opened the hearing on SB 2387 at 2:40 pm on February 9, 2007 regarding Pharmacist License Requirements.

Senator Dwight Cook , District 34, Mandan gave oral testimony in support of SB 2387. He offered a copy of the proposed amendment that he had prepared by the Legislative Council staff and explained the proposed changes to the committee. He stated the pharmacists had concerns regarding the mandates in licensing matters. Representative Todd Porter also put in section 1 that has to do with how the recommendations are made to the governor, as far as who would be serving on the board. We passed this bill out of committee 4 to 1 with a Do Pass. I am here to ask you to support the bill and request the Appropriations Committee to offer to have the amendments attached to the bill. All the amendments do then is remove everything from the bill except the part that would eliminate the requirement for mandated membership in the association. That is all that would be left in the bill. I can tell you that the pharmacists are divided on this issue. Those pharmacists that work in the hospital are against those pharmacists who work on main street retailer and it's the hospital pharmacists that sent a strong message they feel that they are not always being represented.

Senator Mathern had questions regarding what portions were left in the bill and membership requirements

Chairman Holmberg Could you just tell us the flavor, there's a whole section of repealers, and how does that fit into this.

Senator Seymour asked what would happen if this bill passes. Would there be two associations, the hospital group and the other group?

Senator Cook stated he thought there would be one association.

Senator Lindaas stated he was a bit apprehensive when an industry comes and wants us solve their problems. I realize I signed on to this bill. I probably did it in haste.

Senator Cook stated he felt the only way to solve this problem would be to take it to the Legislature. He made one other comment: There was a little confusion in the committee.

Howard Anderson gave excellent testimony. He was opposed to the bill. I got an email from the president of the board who said that is the board's position and I also got an email from a board member who supports the bill, and I just want to add that to the testimony. I can certainly share those two emails with the committee.

Chairman Holmberg asked if we pass this bill with the amendment you suggested would your committee carry the bill or do we have to carry your amendment.

Senator Cook stated he will be carrying this bill on the floor for the committee I would certainly be expected to carry the amendment also. He stated he'd carry it either way,

Chairman Holmberg stated unless it is a do not pass, then you would not want to carry it.

Howard Anderson, Executive Director of the Board of Pharmacy stated he came to explain the fiscal note on the bill. He was also willing to discuss any other issues concerning the bill if the committee has questions.

Chairman Holmberg asked as far as the amendment, taking out the first section will not impact at all your fiscal note. Senator Cook brought in an amendment to take out all of section one.

Howard Anderson I have not seen the amendment as yet. I want to say that my board does support opposition to SB 2387 and I did email Senator Cook after he talked to me yesterday and I found out all 5 members of my board members emailed me back and said it wasn't us, so I am not sure if someone who is on the board of one of the other associations said I'm a board member and I am in favor of this bill. But I can tell you my board members have all gotten back to me and said it's not them.

Senator Robinson The amendment stated February 9th, and I think all of us have had emails on this particular bill. Given that, where are your two primary pharmacy groups on the bill now with the amendment? You've got your hospital pharmacists and your retail pharmacists across the state, where do those two camps come down on the bill? Do they support the proposed amendment?

Howard Anderson stated the association as a whole is strongly in support of the bill. He stated he thought the pharmacists have not seen the proposed amendment.

Senator Grindberg had questions regarding the age factor of the pharmacists and whether the younger ones oppose the older ones concerning this matter. He was informed by Mr. Anderson that age did not seem to be a factor.

Senator Lindass had questions regarding appointment of the board.

Senator Cook I mentioned that I had an email from a member who of the board that supported it, I see here now the names of the board members that are on the board. The guy said he was a board member; his name is not on here.

Chairman Holmberg asked if there was further discussion. There was none. Hearing closed.

Written testimony (1) was submitted to the committee after the hearing closed.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2387

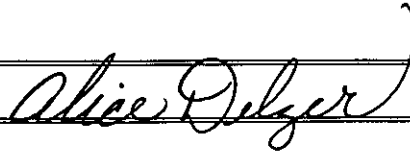
Senate Appropriations Committee

Check here for Conference Committee

Hearing Date: 02-09-07

Recorder Job Number: 3332

Committee Clerk Signature



Minutes:

Chairman Holmberg opened the hearing on SB 2387. Discussion followed what the committee wants to do with the amendment and the bill.

Senator Wardner moved a DO PASS ON THE AMENDMENT, Seconded by Senator Christmann. The vote carried.

Senator Wardner moved a DO NOT PASS ON SB 2387. Seconded by Senator Lindaas. A roll call vote was taken resulting in 13 yeas, 0 nays, and 1 absent. The motion carried.

Senator Lindaas will carry the bill.

The hearing on SB 2387 closed.

PROPOSED AMENDMENTS TO SENATE BILL NO. 2387

Page 1, line 2, replace "sections" with "section"

Page 1, line 3, remove "43-15-03 and" and remove "membership of the"

Page 1, line 4, remove "state board of pharmacy and"

Page 1, remove lines 9 through 14

Renumber accordingly

Date: 2/9/07
Roll Call Vote #:

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2387

Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number 0101

Action Taken do pass on amendments

Motion Made By Wardner Seconded By Christman

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm			Senator Aaron Krauter		
Senator Bill Bowman, V Chrm			Senator Elroy N. Lindaas		
Senator Tony Grindberg, V Chrm			Senator Tim Mathern		
Senator Randel Christmann			Senator Larry J. Robinson		
Senator Tom Fischer			Senator Tom Seymour		
Senator Ralph L. Kilzer			Senator Harvey Tallackson		
Senator Karen K. Krebsbach					
Senator Rich Wardner					

Total (Yes) all No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2/9/07
Roll Call Vote #:

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2387

Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken DO NOT Pass

Motion Made By Wardner Seconded By Lindaas

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm	✓		Senator Aaron Krauter	✓	
Senator Bill Bowman, V Chrm	✓		Senator Elroy N. Lindaas	✓	
Senator Tony Grindberg, V Chrm	✓		Senator Tim Mathem	✓	
Senator Randel Christmann	✓		Senator Larry J. Robinson	✓	
Senator Tom Fischer	✓		Senator Tom Seymour	✓	
Senator Ralph L. Kilzer	✓		Senator Harvey Tallackson		
Senator Karen K. Krebsbach	✓				
Senator Rich Wardner	✓				

Total (Yes) 13 No 0

Absent 1 absent

Floor Assignment Lindaas (Krebsbach)

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 9, 2007 4:17 p.m.

Module No: SR-28-2794
Carrier: Lindaas
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2387: Appropriations Committee (Sen. Holmberg, Chairman) recommends DO NOT PASS (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2387 was placed on the Eleventh order on the calendar.

2007 TESTIMONY

SB 2387

Senate Political Subdivisions Committee Hearing February 2, 2007
SB2387

Chairman Cook, Senators Olafson, Hacker, Anderson and Warner,

My name is Joan Johnson and I am here on behalf of the 128 pharmacists that brought SB 2387 for you to consider. These pharmacists, and the many more that support the bill, are a grassroots effort that have come together for this specific purpose. I have registered as their lobbyist to speak for them, as most are at work. The issue of mandatory membership has bothered pharmacists since it became law in 1989. We decided now was the time to do something about it. We contacted our legislators for advice on how to proceed. Our legislators from District 34 met with us and like most people, were shocked that pharmacists had to belong to an association as part of their licensure and at first thought it was a mistake. When they found it was true, they agreed that it just wasn't right and decided to bring this bill forward. Some pharmacists developed a signature page of those who support this bill which filled up rapidly with 124 names. There are many more than that now supporting this bill. Pharmacists are angry about mandatory membership, and it became apparent there are many reasons they feel it is wrong and needs to be changed. Even pharmacists that say they will always belong to the association are uncomfortable with mandated membership. Mandated membership removes the incentive to become a quality organization responsive to its members. Allow pharmacists to "vote" with their membership.

Although the traditional face of pharmacy is the neighborhood druggist, pharmacy is a very diverse profession. Not all practices of pharmacy are as visible to the public, however. The pharmacists that support this bill are those that practice in chain drugstores, research, healthsystem or hospital and nursing homes, government, independent community, education, insurance and benefit management. Many are residency-trained and board certified in a practice area. Pharmacy is not a one-size-fits-all profession and one association will not fill all needs. Even if the ND Pharmacists Association was the best, most universally beneficial, equally representative, fiscally responsible organization the world had ever seen, it should still be the choice of the licensed pharmacist to belong or not belong. The pharmacists that brought this bill acknowledge the rights of pharmacists to organize with like-minded individuals for the benefit of their business or practice issues, but there is a problem with forcing others that are not liked-minded, those that derive no benefit, to carry their burden, even if it adversely affects us. We have not been shirkers, we have tried to work within the Association, we have been officers, presidents, board members and committee members. What makes this whole situation worse is that it involves a state regulatory agency.

SB 2387 will do 3 things: separate the State Board of Pharmacy from the ND Pharmacists Association, allow pharmacists to exercise their right to free speech and to choose with whom they associate, and allow other organizations or individuals to submit names of qualified individuals to the governor for appointment to the Board of Pharmacy.

To fulfill their mission of protecting the public health, it is in the best interest of all citizens that healthcare practitioner licensing and regulatory boards maintain a healthy distance from the trade organizations of those they regulate. Separating membership and licensure would allow the Board to avoid becoming involved in the political, business or financial issues of the association and other potential conflicts with their mission.

NDCC 61-01-01-01. Organization of Board of Pharmacy.

1. History and functions.

The board is responsible for examining and licensing applicants for licensure as pharmacists, for issuing permits to operate pharmacies, and for regulating and controlling the dispensing of prescription drugs and the practice of pharmacy for the protection of the health, welfare and safety of the citizens of the state.

The Board, a state agency that must be accountable to the state government, should not use Board funds for a private interest group that does not have the same accountabilities. An example of this is the association requiring the Board of Pharmacy to increase the fees because of financial problems of the association, as happened this year, when the Board of Pharmacy already has approximately \$700,000 in reserves.

(2005 Annual Report of the State Board of Pharmacy).

The mandated membership law creates conflict with pharmacists and their employers because of the nature and activities of the association, forcing pharmacists to finance and add their voice to an agenda that often adversely affects the employer they have chosen to work for. Health regulatory agencies should be at arms length from the profession they regulate, to provide a checks and balances system and to avoid any semblance of conflict of interest. Dr. Carmen Catizone, Executive Secretary of the National Association of Boards of Pharmacy, agrees, stating that "there should be a clear separation of Boards of Pharmacy and associations". A health board should not discriminate among those pharmacists they monitor because of matters relating to association issues or because of who the pharmacist's at-will employer happens to be. No pharmacist should be treated differently by the Board of Pharmacy due to the agenda of an association, but that is not the case.

Pharmacists that are compliant with every requirement for licensure regarding education, competency, character and compliance with rules and regulations, can lose their ability to practice if they refuse to pay dues to an association not of their choice. No other healthcare professionals in ND are forced to belong to their association. (Physicians and Surgeons, Physical Therapists, Veterinarians, Optometrists, Dentists, Chiropractors, Nurses, Respiratory Therapists, Podiatrists NDCC 43.) The physicians, nurses and other

healthcare providers we work with daily agree that it is wrong to be forced to belong to an association. The association often uses the integrated State Bar Association as an analogy. The Bar Association is a different profession, law, not healthcare, whose members are part of the Judiciary System and are officers of the court. The integrated bar system is controversial in many states.

Integrated memberships may not use mandated fees for activities of an ideological or political nature, which makes integrated memberships vastly different than organizations of voluntary members. The Pharmacists Association, per state law, can use its monies specifically for "payment of expenses of the association including continuing pharmaceutical education, pharmacist discipline, the impaired pharmacist program, matters related to pharmacist registration standards, professional service standards, and general operating expenses". The word including does not prohibit other activities, but they must be reasonably similar in nature.

ND is a right to work state.

34-12-02. Right of employees as to organization, collective bargaining. Employees have the right to self-organization, to form, join, or assist labor organizations, to bargain collectively through representatives of their own choosing, and to engage in other lawful concerted activities for the purpose of collective bargaining or other mutual aid or protection, and also have the right to refrain from any or all of such activities and are free to decline to associate with their fellows and are free to obtain employment wherever possible without interference or being hindered in any way.

The First Amendment:

Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances.

Mandatory membership forces speech on the members. There is no "majority rules" option in an organization that removes the free will of the members to join. Any dissenter or group of dissenters, no matter what size that group is, should essentially prohibit the association from pursuing that activity, because they have no recourse.

The association often likens itself to the government. It is an association, it is not a government.

The 1989 legislature did the association a big favor by passing this law. Unfortunately, it came at the cost of a loss of basic rights of the pharmacists who choose to work in ND. The practice of pharmacy and medicine has changed dramatically in the 18 years since this law was passed. Few of those that promoted this idea are practicing today and many of them agree it is time to change it. Let us choose which associations we belong to or if you can't agree to that, put the whole Board of Pharmacy/ ND Pharmacists Association in a department in the Capitol, where it can be monitored for compliance and regulated.

Lastly, SB2387 strengthens the ability of the State Board of Pharmacy to fulfill its mission. Allowing the submission of names for the Governor to consider for appointment to the State Board allows qualified candidates from all walks of pharmacy practice to serve on the Board without the narrow constraints of the NDPHA nomination and popular voting process. Allowing pharmacists with diverse backgrounds to bring their unique perspectives to the Board table, and eventually, I hope, public or citizen members, like 44 of the other states and many ND professional boards have, will result in a stronger agency of greater benefit to the citizens of North Dakota.

Please stand for the basic principles of freedom and for the greater good of all and pass this bill.

"To compel a man to furnish contributions of money for the propagation of opinions which he disbelieves, is sinful and tyrannical."

-Thomas Jefferson

Jeffrey Zak	Joe Farrell	Tim Gagnon	Sandra Monger
Jaclyn Olson	Lisa Durick	Mark Dick	Brian Ament
Matthew Uhrich	Susan Carter	Katie Thompson	Elise Carlson
Kevin Kern	Barbara Wessling	Susan Spaeth	Chip Storandt
Jesse Lunde	Jan Detke	Carol Collette	Ken Johnson
James Malinowski	Greg Pfister	Curtis Trowbridge	Mark Plencner
Michael Scheer	Janet Bonn	Jeff Ferber	Tammie Dohman
Robert Roberg	Pam Benson	Joan Viets	Lisa Johnson
Amy Aeilts	Julie Bubach	Lisa Nagel	Susan Carlson
Bob Schultz	Travis Swartz	Charles Dillabough	John Schultz
Wade Nagel	Kenton Omgig	Carrie Sorenson	Sarah Larson
Dan McPherson	Dorothy Sander	Sam Aadnes	Vaughn Thorstad
Joan Johnson	Kailee Fretland	Shmeylan Al Harbi	Susanne Mathias
Dawn Mayer	Jen Murphy	Kim Christiansen	Cheryl Halvorson
Bernie Behm	Deb McPherson	Janel Silvernagel	Leeann Ness
Nicole Boustead	Joan Galbraith	Chad Porsborg	Katie Hanson
Kristy Vadnais	Ross Tolstedt	Laci Ahrens	Stephanie Perreault
Allison Germolus	Raymond Link	Debra Orley	Jon Schock
Gary Barker	Bill Paul	Kirsten Helleckson	Laurie Rook
Barbara Holwegner	Al Behrens	Lance Sateren	Brenda Selzler
Natalie Horner	Connie Schulz	Bethany Pfister	Robert Halvorson
Carolyn Bodell	Robert Bangen	Cheryl Newcomb	Ronald Keel
Ellen Feldmann	Jerry Hansen	Laura Jensen	Matthew Carlson
Sara Fuller	Kevin House	Krista Herner	Jennifer Gauss
Teresa Gerbig	Greg Fritz	Andrea Honeyman	Melissa Rohrich
Ray Clary	Jaycee Reisenauer	Michael Urbanec	Thomas Krier
John Savageau	Tom Simmer	Brent Roller	Alicia Marie Nygren
Lisa Hustad	Joanne Rose	Alison Black	Daniel Adams
Stephanie Keller	Troy Hertz	Dewey Baranyak	Lisa Wanner
Robert Nelson	Jesse Breidenbach	Alyssa Engebretson	Jerome Kemper
Amy Gourde	Brien Nelson	Jeffrey Hunter	Mary Lee Clarens
Robert Stieglitz	Jeff Mari	Bernadette Keller	Heather Strawsell

Chairman Cook and committee members;

Thank you for giving me the opportunity to speak to you today in support of SB 2387. Before I give you my reasoning for support of the bill let me tell this committee who health system (hospital) pharmacists are. We are a minority group of about 200 licensed pharmacists out of a total of approximately 700 annually licensed with the State of North Dakota. We are the people who work 24/7; 365 days of the year. We are the resources for drug information and delivery to the medical and nursing staff within our hospitals. We specialize in areas of neonatology, pain management, oncology, infectious disease, surgery, and anticoagulation (treatment of blood clots). Our mission is recognizing the uniqueness of patients and delivering pharmaceuticals safely and appropriately while in our care. We are not the pharmacists on Main Street or in grocery stores.

There are two issues of concern to hospital pharmacists in SB 2387. The first is whether it is the responsibility for a state agency to mandate membership in an association as a requirement for licensure and whether that state agency should transfer the dues to the association. The second, is the right for anyone to nominate person(s) to the governor for the Board of Pharmacy.

For hospital pharmacists, the first issue is not about the cost of membership, but rather being mandated to support an association whose primary focus, mission and practice setting is different than that of hospital pharmacists. While this arrangement may have worked years ago, it is time to recognize and respect the differences between hospital and retail pharmacy for their distinct attributes to patient care. It is time for the state to amend the law and recognize the differences. North Dakota is the only state that has this specific arrangement where the Board of Pharmacy collects the money and then transfers it to the NDPHA. Furthermore, this is unique to the profession of pharmacy since neither the nursing profession, nor the medical profession etc. has this arrangement. Therefore, by supporting this bill, I feel it will make the association stronger by recruiting members who want to belong to an association that represents them, rather than having members who are bound by law to belong to an association that does not represent them. What is not clear to me is, why NDPHA wants to force membership on such a large number of pharmacists, when they don't want to belong, thus minimizing the associations effectiveness.

The second issue regarding the process of nominating members to the Board of Pharmacy is not only important to hospital pharmacists to insure they have representation, but that all practice settings of pharmacy should be represented. A diverse board serves not only the profession well, but also the public. After all, the purpose of the Board of Pharmacy is for the licensure process and to ensure public safety. With the current process, for a member to be nominated to the governor, the individual must first be approved by NDPHA. In other words, if an individual disagrees with the mantra of NDPHA, then that essentially will exclude them from the opportunity to serve on the Board of Pharmacy.

Many states (Alabama, Arizona, California, Connecticut, Florida, Indiana, Maine, Maryland, Massachusetts, Mississippi, Missouri, Nebraska, New Jersey, New Mexico, Pennsylvania, Rhode Island and South Carolina) have mandated that their Board be made up of

representatives from specific practice settings including those actively practicing pharmacy within an institutional setting, those actively practicing pharmacy within a retail chain or those actively practicing pharmacy within an independent retail setting.

Quite often a reference is made about the "ABC's" of why pharmacy practice in North Dakota is so successful. The reference refers to the close ties of NDPHA, the Board of Pharmacy, and the College. While I think it is good to work together, I also believe that there must be some barriers to guarantee that each is functioning autonomously. As you can see, if the only way to serve on the Board of Pharmacy is after approval of NDPHA, there is the potential risk of the NDPHA governing the Board of Pharmacy rather than vice versa.

Sincerely, John Savageau RPh

Dear Chairman Cook and members of the committee:

I ask that you support SB2387. There are a number of reasons I believe that this bill should be supported and membership in the North Dakota Pharmacist Association (NDPhA) should be made voluntary.

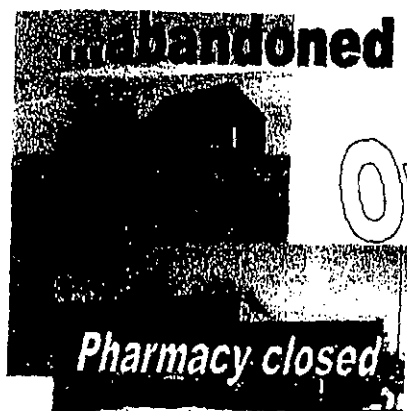
1. A division exists within the association between the majority represented by independent retail pharmacists and those who work in other practice settings. For example, please refer to the attached fax which was sent out by the Pharmacy Service Corp. to all pharmacy to all of its members. The document refers to the ND pharmacy ownership law and it states, "Even the national group the American Society of Health System Pharmacists (ASHP) has declared their opposition to this law and expects members of the North Dakota Society of Health Systems Pharmacists to do the same." These statements are inaccurate and were retracted at the request of an attorney representing ASHP. The statements highlight the division between the majority represented by independent retail pharmacists and a very significant minority group represented by the North Dakota Society of Health-Systems Pharmacists.
2. NDPhA has not shown a willingness to work with the North Dakota Society of Health Systems Pharmacists (NDSHP). I was involved in a recent example. NDSHP held several meetings of its legislative affairs committee, of which I am a member. We came up with the one issue that was the most important to us and that was to work to ensure hospital representation on the ND Board of Pharmacy. According to ND Century Code, NDPhA is solely responsible for the submission of candidates to the Governor. We developed a plan to have well-qualified, actively practicing hospital pharmacist candidates presented as an option to the Governor along with retail candidates. NDPhA was unwilling to discuss the issue.

I believe that it would be in the best interest of all ND pharmacists if NDPhA were to be able to represent all practice areas and not just the one constituting the majority. In order for this to be accomplished we must remove mandatory membership. The need to recruit and retain membership would require that the association work with pharmacists in all practice settings.

Sincerely,



Brian Ament, R.Ph, Pharm.D.
301 20th Ave NE
Jamestown, ND 58401



Pharmacy closed

abandoned farms

Ownership Law Challenge

Fight to keep your pharmacy

abandoned pharmacies

You are well aware of the daily threats to YOUR community pharmacy! You have struggled through the first year of Medicare Part D; you are trying to survive draconian cuts from Blue Cross, and the government is talking about more cuts to Medicaid. These attacks have forced some of your colleagues out of business.

There's more! At every legislative meeting in October one or more politicians told us to expect a challenge to the Ownership Law. Some legislators have been asked to sponsor a bill to change the current law and delete the 51% required ownership by a licensed pharmacist. More than ever before pharmacy needs a strong defense and a united voice - to safeguard your profession, your business and your patients' access to quality care. Even the national group the American Society of Health System Pharmacists (ASHP) has declared their opposition to this law and expects members of the North Dakota Society of Health System Pharmacists to do the same.

WE NEED YOUR HELP... the political action fund will be used to defend the ownership law and fight to keep your community pharmacy viable. *The PAC fund needs your dollars to work!* An easy-to-use credit card option is available for your contribution to the ND Pharmacy Service Corporation PAC fund. Simply complete the form below and fax or mail back. Upon receipt, a one-time or monthly contribution will be automatically charged to your credit card.

YES! I want to help... here is my contribution!

FAX: 701.258.9312
Mail: 1661 Capitol Way, Bismarck, ND 58501

Owner Name _____

Pharmacy _____

Address _____

City/ State/ Zip _____

Day Phone _____

Email _____

Please choose one: \$50/MONTH \$100 MONTH \$200/MONTH Other \$ _____

Credit Card Number _____ Expiration date _____

Signature _____

NDPSC - PAC Fund Disclosure Statement

Contributions must be personal (no corporate contributions allowed) and are NOT tax deductible for Federal income tax purposes. Contributions are voluntary and non-participation does not affect your membership rights. Contributions are used for political purposes to support political candidates, legislative and lobbying expenses, and other grassroots activities that benefit the pharmacy profession.

George A. Sinner

Senator Dwight Cook
Chair, Political Subdivision Committee
ND State Senate
State Capital
Bismarck, ND 58501

Dear Senator Cook:

In regard to Senate bill #2387 I would be grateful if the committee would consider these issues:

1. Does the current structure, in fact, establish a 'closed shop' situation with many, many members having virtually no voice in either their membership nor, as a matter of fact, in its governance.
2. In addition, while the unique North Dakota 'ownership' law which I introduced in 1963 has been very successful in maintaining local ownership of pharmacies, there is significant evidence now that many 'after hours' emergency medical patients in many areas find it very difficult to fill emergency prescriptions.
3. Some right of choice for certain institutional pharmacists seems to me to be imperative, for both membership and in the roll of nominators.
4. In addition, citizen rights of nomination would be desirable also.

Thank you for considering these points.

I wish well in all of your work.

Sincerely,

George A. Sinner
George A. Sinner

1 Feb 2007

SB #2387 – Relating to Pharmacists Licensure/Membership Requirements
SENATE POLITICAL SUBDIVISIONS COMMITTEE
9:00 AM – FRIDAY – FEBRUARY 2, 2007 – RED RIVER ROOM

Chairman Cook, members of the Senate Political Subdivisions Committee, for the record I am Jerome Wahl, President elect of the North Dakota Pharmacist Association and an active member of the North Dakota Society of Health-System Pharmacists. Thank you for the opportunity to speak with you today.

I am a practicing hospital pharmacist and have been since 1969. I am the Director of the Hospital Pharmacy at St. Joseph's Hospital and Health Center in Dickinson, North Dakota. In addition I am the Chairman for the Executive Vice-President Search Committee and a member of the Pharmacy Advisory Committee.

Visiting with other hospital pharmacists it has become apparent to me that there are areas of disagreement between NDPHA and NDSHP. I fully believe the issues of disagreement can be successfully resolved.

Within the profession of pharmacy in North Dakota, I believe the two organizations have more in common than we have differences. At the June 2006 meeting of the Pharmacy Advisory Council every member on the committee identified that the patient is the number one priority in our profession. Everything revolves around meeting the needs of the patient in a safe and caring way. I would suggest other common concerns are HIPPA issues and Medication Therapy Management. Pharmacists have the obligation to deal with these concerns no matter where they are employed. I also believe that the Pharmacists in North Dakota should speak as Pharmacists, rather than as their individual practices settings.

The Executive Vice-President Search Committee is in the process of accepting applications and reviewing resumes for the vacant Executive Vice President position and is looking forward to filling this position as soon as possible. SB#2387 has the potential of delaying that process. If integrated membership were repealed it will make it difficult to attract qualified candidates to fill our vacant Executive Vice President position. We need an integrated membership to be able to offer competitive wages and benefits.

As a hospital pharmacist and active member of NDPHA I fully support the continuation of integrated membership for pharmacists in North Dakota. Let the members of NDHPA and NDSHP work through their differences. My hope is that we can resolve our differences at the state pharmacy convention being held in Fargo this coming April.

I would encourage you and your Committee not to support SB 2387.

NDPhA Presidents Employment at the time of Election

Lance Mohl 2008	Hospital/Retail - Minot
Jerome Wahl	Hospital - Dickinson
Dennis Johnson	Retail - Grand Forks
Tim Carlson	Thrifty White - Minot
Curtis McGarvey	LTC - Bismarck
Wade Bilden	Retail/Hospital Consultant - Northwood
Bob Treitline	Retail - Dickinson
Bonnie Thom	Trinity Hospital - Minot
Judy Swisher	Gov/Retail - Grand Forks
Kevin Oberlander	Retail - Bismarck
James Carlson	Research - Fargo
Rick Detwiller	Hospital/Retail - Bismarck
Dewey Schlittenhard	Meritcare Hospital's Broadway Pharmacy - Fargo
Tom Davis	Hospital - Bismarck
Laurel Haroldson	Retail - Jamestown
Terrance Kristensen	Retail - Bismarck
George Birkmaier	Retail - Grand Forks
Gary Dewhirst	Retail - Hettinger
David Olig	Retail - Fargo
Thomas Simmer	Hospital - Bismarck
Marvin Tokach	Retail - Jamestown
Marvin Malmberg	Retail - Fargo (Hospital Pharmacy Director 20 years)
Gordon Mayer	Retail - Harvey
Thomas Pettinger	Orthotics/Hospital - Fargo
Anton Welder	Retail - Bismarck
Roberta Southam	Retail - Mohall
Jerome Dufault	Hospital - Grand Forks
Odell Krohn	Retail - Hospital Consultant - Harvey
Patricia Kramer	Retail - Bismarck

SB #2387 – Relating to Pharmacists Licensure/Membership Requirements
SENATE POLITICAL SUBDIVISIONS COMMITTEE
9:00 AM – FRIDAY – FEBRUARY 2, 2007 – RED RIVER ROOM

Chairman Cook, members of the Senate Political Subdivisions Committee, for the record I am Joel Aukes, an active member of both the North Dakota Society of Health-System Pharmacists and the North Dakota Pharmacist Association. Thank you for the opportunity to speak with you today.

I am a practicing hospital pharmacist and have been since I graduated in 1997. Additionally, I have been on the NDSHP Board of Director for the last 3 years and am currently NDSHP's representative on NDPhA's Board of Directors. I am also a member of the Executive Vice-President Search Committee and cochairman for the 2007 NDPhA Annual Pharmacy Convention. As a North Dakota pharmacist, I fully support the continuation of integrated membership for pharmacists in North Dakota and I urge you and your Committee not to support SB 2387.

I would like to present corrections to the inaccuracies found in both the petition used to support SB 2387 and in the cover letter, which accompanied the petition.

1. *The cover letter states "...NDPHA has decided to raise the legislated cap for licensure starting in 2007."*

Actually, it was the ND State Board of Pharmacy (NDBOP) who introduced the legislation to increase the cap from \$200 to \$400. The NDPhA Board voted to support this piece of legislation. A common misconception is that an increase in the cap is synonymous with an instantaneous increase in the licensure fee. This is not true, it is a cap on how much the licensure fee can be. Any increase, \$0.50 or \$50 must be pursued by NDBOP through a separate rules making process.

2. *The cover letter implies that the group asking for a detailed budget was denied their request.*

Every NDPhA budget is matter of record and is available to any member upon request. It has also been supplied in various forms in the NoDak Pharmacy journal which is sent to each member.

3. *The cover letter stated "We told NDPHA that we could support an increase if the amount that NDSHP would receive is percentage based rather than a flat \$25.00."*

It is unclear who the "we" is in this quote. If it is referring to the NDSHP Board, there was no motion made at an NDSHP Board meeting to take this stance. NDSHP's stance on the license increase was "for NDSHP not to support the increase in the licensure fee at this time on behalf of the NDSHP members". There was no conditional wording in the motion.

- 4. *The cover letter implies that NDPHA developed the Advisory Council as a way to circumvent a request by NDSHP to receive more money.*

The Advisory Council has been in existence since May of 2005. The NDSHP Board made, seconded and passed a motion to ask for a percentage of the money rather than \$25/member on 6/19/2006.

** NDSHP was offered a signed contract by NDPHA on 6/15/2006 which would pay NDSHP \$25/member that checked the box on their 2007 license renewal. At the NDSHP Board meeting on 6/19/2006 a motion was made, seconded and passed to not accept the offered contract. The NDSHP Board developed a different contract, which was then sent to NDPHA for their approval. The NDPHA Board is still reviewing this new contract.

- 5. *The cover letter states that "NDPHA set up a self- appointed advisory board..."*

When the Advisory Council was developed the boards of NDBOP, NDPHA, NDSHP and NAPT along with an NDSU College of Pharmacy representative and pharmacy student representatives were invited to participate in a consensus based discussion on possible restructuring options. The Advisory Council has no power, it can only make recommendations, and it is up to each board and each organization's general membership to accept or reject these recommendations. At the 11/2/2006 NDSHP Board meeting a motion was made, seconded and passed to continue with participation in the Advisory Council.

- 6. *The cover letter states that NDSHP will be "reduced to academy status along with students, technicians and community pharmacy"*

The Advisory Council is looking into various structural changes, but the Council has no power to make any changes to any of the organizations participating in the Advisory Council. Any recommendations for changes to a participating organization's structure first need to be approved or rejected by the respective organizations' Boards of Directors. If the organization's Board of Directors approve the Advisory Council's recommended changes the recommendations then need to be voted on by each organization's general membership.

- 7. *The cover letter states "This means that students, who may not practice in ND will have a vote equal to NDSHP on all issues. Technicians will have a vote equal to NDSHP and can even become President of NDPHA, since all rights will be afforded them."*

The Advisory Council's previous organizational recommendations (9/23/2006) did propose technicians as full members of NDPHA and one vote on the Board of Directors. This previous version also proposed pharmacy students not have general membership but did give them 1 vote on the Board of Directors. At the Advisory Council meeting on 1/20/2007 the proposed organizational structure was amended so that pharmacy technicians would not be general members, however would be given 1 vote out of 15 total votes on the NDPHA Board of Directors and pharmacy students would remain as no-voting ex-officio members on the Board of Directors. Because pharmacy technicians would not be general members they would not participate in votes of the general membership and could not hold office. The changes to Advisory Council's proposed

structural changes from 1/20/2007 were agreed to by all the representatives on the Advisory Council including those for the pharmacy technicians and pharmacy students.

- 8. *The cover letter states "NDSHP will have no guaranteed funding source: If NDSHP wants funds, NDPHA must approve. Any funds separately raised will go into NDPHA general fund, not to NDSHP."*

If the restructuring of NDPhA is approved by all of the participating Boards and each organization's general membership, the academies would each submit an annual budget to NDPhA to receive money for the running of their academy throughout the year. However, Advisory Council's proposed structural changes have always been consistent on the point that any money raised by an academy would remain with that academy.

- 9. *The cover letter states "Mandating membership may further reduce the number of graduates seeking licensure if the annual cost continues to grow. Consequently shrinking the pharmacist pool".*

The license fee in North Dakota is not that much different from surrounding states (see table below). If a student chooses to take a job in another state because they can save \$100 - \$175 / year on a license to practice pharmacy, that student would probably not have chosen to practice pharmacy in North Dakota even if the license fee was \$100 / year.

Comparison of Nearby States

State	Licensing Fee	State Pharmacy Association Dues	Total License & Assoc. Dues
North Dakota	\$200 (50% to NDPhA)	\$100 (paid by ND BOP)	\$200
South Dakota	\$125 (100% to SDPhA)	\$125 (paid by SD BOP)	\$125
Minnesota	\$105	\$395	\$500
Montana	\$55	\$125	\$180
Nebraska	\$100	\$150	\$250
Iowa	\$220 (every 2-yrs)	\$175	\$285
Wyoming	\$75	\$125	\$200

- 10. *The petition states "NDPHA recently proposed an increase in the annual dues through the licensure process..."*

The legislation is being introduced by the Board of Pharmacy and only changes the maximum allowable licensure fee (cap) to \$400. Any actual increase in the licensure fee would require the Board of Pharmacy to go through a separate rules making process.

- 11. *The petition states "With the fee increase, NDSHP has also been reduced to an "academy status" which means we will have no autonomy, and no funding."*

The petition's statement seems to say that these two unrelated issues are linked; implying that if the cap is increased, NDSHP is automatically made an academy of NDPhA. As described previously any change to organizations structure must be approved by each participating organization's Board of Directors and general membership.

12. *The second to last sentence on the petition, states "Please sign below if you oppose the mandatory membership in NDPHA with licensure."*

Until the above quote, these documents say nothing about signing the petition to declare one's opposition to mandatory membership in NDPhA. Because the cover letter and petition contained numerous statements opposing the increase in the cap and the recommendations of the Advisory Council these statements could serve to cloud what is being attested to by signing the petition.

I would submit that more than one pharmacist signed this petition because they understood that they were opposing an increase to the cap for license renewal, not mandatory membership in NDPhA.

13. *This cover letter and petition was not distributed to every pharmacist or even every hospital pharmacist in the state.*

I feel that this selected and limited distribution of the cover letter and petition gives a skewed representation and inaccurately expresses pharmacist's wishes for integrated membership.

Joel Aukes, Pharm.D., R.Ph.
4333 15th Ave S #236
Fargo ND, 58103

joel.aukes@nodakpharmacy.net (e-mail)
701-241-4145 x310 (work)
701-241-6641 (fax)
701-433-0141 (home)

November 28, 2006

FELLOW HOSPITAL PHARMACIST:

As you may all be aware, the NDPHA has decided to raise the legislated cap for licensure starting in 2007. The NDSHP board voted to oppose the increase. Myself, as well as others, wanted an expense report to explain why the drastic increase was needed. We told NDPHA that we could support an increase if the amount that NDSHP would receive is percentage based rather than a flat \$25.00. In response, NDPHA decided to restructure itself and remove all guaranteed funding from NDSHP. I asked that NDPHA that if the amount the Board of Pharmacy takes could be reduced since they have an excess of \$600,000 and raising the cap did not address the real funding need for NDPHA. NDSBOP, said no. NDPHA set up a self- appointed advisory board that is recommending several changes, which I will state below that I disagree with. The changes are as follows.

1) **NDSHP: reduced to academy status along with students, technicians and community pharmacy.**

This means that students, who may not practice in ND will have a vote equal to NDSHP on all issues. Technicians will have a vote equal to NDSHP and can even become President of NDPHA, since all rights will be afforded them.

2) **NDSHP will have no guaranteed funding source: If NDSHP wants funds, NDPHA must approve. Any funds separately raised will go into NDPHA general fund, not to NDSHP.**

This is obviously self explanatory.

NDPHA must go to the legislature to approve the cap increase since it is in statute. Several legislative representatives are concerned about NDPHA tactics. The best way to stop this action is to collectively oppose NDPHA and the self-appointed advisory council recommendations. A petition is being presented for signature to be presented to the legislature expressing our opposition. Please sign freely if you oppose the restructuring and mandated membership.

3) **Mandating membership may further reduce the number of graduates seeking licensure if the annual cost continues to grow. Consequently shrinking the pharmacist pool**

4) **Mandating membership is no different than advocating a tax increase**

Sincerely,
John Savageau RPh



Senate Political Subdivisions Committee
Senate Bill 2387
Mark Hardy, Pharm D Candidate

Chairman Cook and members of the Senate Political Subdivisions Committee, for the record my name is Mark Hardy from Neche, ND. I am currently in my last year of pharmacy school at NDSU. After graduation in May, I will be returning to Cavalier, ND to live and practice pharmacy. I look forward to returning to my hometown area to give back to people who have given me so much. It is a distinct pleasure to be able to serve for the greater good of others. I consider myself a piece of the puzzle in the future of pharmacy in ND. This is why I STRONGLY recommend A DO NOT PASS on SB 2387.

I've learned a few lessons about pharmacy through my short experience. I learned that the profession of pharmacy is constantly changing and if we as pharmacists don't adjust we are in a world of hurt. Pharmacists are busy people working in communities all over the state and it is hard for them to stay involved in all of the political activities that they should. This shows the need to have a strong voice working for them to help better the profession. This comes in the way of the North Dakota Pharmacist Association (NDPhA).

Another lesson I learned is that we as pharmacists wear many hats there are hospital pharmacists, retail pharmacists, nursing home pharmacists, research pharmacist, and many other roles a pharmacist has in this state. The one thing we all have in common is that we are Pharmacists and all the roles we have leads us to one common purpose and that is, the well being of the patient and that's what it is all about. Recently there have been many issues related to retail pharmacy in ND that have been presented which the association needed to attend to, this may be looked upon by hospital pharmacists saying that they are not representing us. This view is, in my opinion as a student, disheartening because we should look to what is best for the profession of pharmacy. In the words of Benjamin Franklin, "We must all hang together, or assuredly we shall all hang separately."

Another lesson is that it is important to be involved. Arguments have been made that particular pharmacists don't get much value from the association and there is not a balance of voices. This points me in the direction of lessons that my parents instilled in me throughout my life and that is you get out of life what you put in it. This is what is great about the association's structure, it allows for everyone to have a voice, you just have to be active and express your views. This sounds very familiar Like the same thing that makes the United States great and that is Democracy. Let me pose this thought, if a citizen does not support the United States on a policy does he/she still have to pay taxes? As far as dues go \$100 is the cheapest insurance I have ever seen in order to protect my profession.

As you can probably see there is dissention between Pharmacists in North Dakota. This is a very sad situation for this young pharmacist. In my opinion the legislature is not where this issue needs to be addressed, and brought to the forefront and this is not the

place that should decide this issue. It is the pharmacists that need to address the situation and compromise on what is best for the practice of pharmacy and the well being of patients. This is currently being done with the help of an advisory committee that Tim Carlson, which submitted written testimony, helped lead. Progress is being made on all sides since the defeat of the similar bill HB 1148 and I believe more will be made when the next NDPhA convention is held in April, at Fargo.

One of the reasons I decided to stay in rural North Dakota is because I knew there would be a powerful voice from the NDPhA to protect my profession and I am so excited to get my voice, in this great organization. I don't think I could get the same in any other state. There are other reasons why the NDPhA is advancing the profession, like continuing education, or helping the NDSU College of Pharmacy students with scholarship, or providing a means to raise money for pharmacy organizations at NDSU.

In closing it has been a distinct pleasure to voice my opposition to SB 2387. I appreciate your time and I would be more than happy to field any questions.

Good morning to the Senate Committee members and thank you for the opportunity to present written testimony in opposition of Senate Bill 2387 regarding the membership of the North Dakota Pharmacists Association. The bill would also affect the ability to provide recommendations to the Governor by the Association for appointment to the Board of Pharmacy.

The integrated membership structure of the Association as it now exists was based on the membership of the state Bar Association and the CPA Association. It was always felt pharmacy needed one Association to represent all different aspects of pharmacy and all different practice settings. The Hospital Society for example struggled with their ability to function because of their small numbers. Pharmacy technicians were a new concept especially in retail and their numbers were small. The hospital pharmacists from that time would tell you that joining with the NDPHA was a great thing for them as it enabled them to participate and have funding for projects they were interested in. Today the Hospital Society has changed their name to the Society of Health System Pharmacists to reflect the changes to the way pharmacy is practiced and to frankly expand their membership base. Some would argue that all pharmacists are "health system pharmacists". As the practice of pharmacy has evolved over the last few years, so have the "visions" and "missions" of the various pharmacy practice groups in North Dakota. Some groups have become dissatisfied with their membership in the Pharmacists Association, and rather than try to work through the leadership of the organization for changes, they would rather break the Association apart, which in my opinion would have direct impact on the practice of pharmacy in North Dakota and ultimately to our patients, the citizens of the state.

When I assumed the presidency of the Association in April of 2005, I heard these voices of dissatisfaction and this led to the formation of what we call the Pharmacy Advisory Council, *"... a vehicle to bring unity to the entire pharmacy profession in North Dakota by seeking resolution to differences, encouraging inclusiveness, promoting unity and developing recommendations for the consideration of the NDPhA Board of Directors."*

The idea was to bring all parties to the table to discuss the differences and try to come up with a solution that would meet the satisfaction of all groups. Ironically, the Pharmacy Technicians Association has a strong desire to become part of the integrated membership of the Pharmacists Association and bring their voice and vote to the table of leadership. The groups represented on the Council were from NDPHA, NDSHP, NDPSC (a for profit corporation of NDPHA funded by voluntary membership fee), NAPT (technicians), ND Board of Pharmacy, NDSCS Technician School, and pharmacy student representatives. These sessions were facilitated by The Consensus Council of Bismarck.

Through the course of five meetings and approximately one and a half years, the Advisory Council has hammered out a proposed new structure of NDPHA which is felt by consensus of the groups represented to be a better model for the organization of the Association to meet the needs of all areas of pharmacy

practice including Health System pharmacists and technicians. In addition the group stressed:

- The need to identify and focus on common/shared goals and concerns;
- The sharing of resources; and
- A commitment to helping everyone succeed and being non-detrimental to each other.

The last meeting of this group was held January 20, 2007 and represented a solid breakthrough in terms of reaching a consensus on several points on different areas of the Association including, but not limited to:

1. Minimizing imbalances in representation, voting and dues.
2. Formalizing an annual budgeting and planning process.
3. Full disclosure or transparency to encourage and promote the involvement of all members to the fullest and most appropriate level possible.
4. Consistency in academy structures to comply with national affiliation requirements.
5. Clarification of the role, relationship, responsibilities, and expectations between NDPHA, NDPSC, and PAC .
6. Clarification of the roles and responsibilities of the academies.
7. Constitutional and bylaw revisions that include identification of the mission and purpose of NDPHA.
8. Identification of the "core" services the members and academies can expect/receive from NDPHA.
9. Clarification of the status of Technicians.
10. Consistency in the organization and function of the regional groups (districts).

At the end of the day, all parties present agreed that the resultant model would be a viable structure for all. The biggest piece of all would be a high level of TRUST and COMMITMENT from all parties to make this model a reality.

In conclusion, I would like to state that all pharmacy practice groups came to the table to address their differences and look for commonality as a focus point. The theme of the group has been to find "One voice, one vision" to better serve our patients, our fellow citizens of North Dakota. By maintaining the integrated membership of the North Dakota Pharmacists Association, we will remain strong and can continue to pursue excellence in this mission. I urge a DO NOT PASS on SB 2387 to keep this mission intact. Thank you..

If anyone has any questions for me, I would be glad to answer them on the phone or via email. Thank you again.

Tim S. Carlson, R.Ph.
White Drug Pharmacy
Minot, ND
(701)720-3188
tcar@min.midco.net

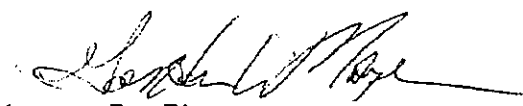
NDPA

This note is in protest to Senate Bill #2387 which would do away with mandatory membership in NDPA. Without this there will be no Association and we, as Pharmacists will lose our access to Continuing Education Programs. We as Pharmacists are mandated 30 hours of C.E. every two years to keep our license and without the Association gatherings the College of Pharmacy will no longer help with this program without a good number of Pharmacists at one meeting. Without Educational programs the overall Health of North Dakota Citizens would be in jeopardy. We are Pharmacists first and no matter what setting our Practice is, the Health and Welfare of North Dakota Citizens is foremost in our minds.

The College of Pharmacy would suffer without the annual Convention each spring. This meeting raises about \$ 8,000.00 to \$12,000.00 for Scholarships that is donated to the College at NDSU. The College was able to raise nationally about \$ 3,500,000 for its last Building and Remodling without any Money from the Legislature for this project.

We as Pharmacists will only be strong in numbers being there are only about 760 in the state practicing and this number will be fewer if this piece of legislation passes. This will cause an access problem for the Citizens in the State especially in the rural areas. I strongly recommed the defeat of Senate Bill 2387 and hope you as a Committee will also!!!!

Thank You


Gordon L. Mayer R. Ph.



BOARD OF PHARMACY
State of North Dakota

John Hoeven, Governor

OFFICE OF THE EXECUTIVE DIRECTOR
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Bismarck ND 58502-1354
Telephone (701) 328-9535
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Howard C. Anderson, Jr, R.Ph.
Executive Director

Attachment # 8A
Bonnie J. Thom, R.Ph.
Granville, President
Gary W. Dewhirst, R.Ph.
Hettinger, Senior Member
Dewey Schlittenhard, MBA, R.Ph.
Bismarck
Rick L. Detwiller, R.Ph.
Bismarck
Laurel Haroldson, R.Ph.
Jamestown
William J. Grosz, Sc.D., R.Ph.
Wahpeton, Treasurer

**SB #2387 – Relating to Pharmacist License Requirements – NPhA Membership
SENATE POLITICAL SUBDIVISIONS COMMITTEE
9:00 AM – FRIDAY – FEBRUARY 2, 2007 – RED RIVER ROOM**

Chairman Cook, members of the Senate Political Subdivisions Committee, for the record I am Howard C. Anderson, Jr, R.Ph, Executive Director of the North Dakota State Board of Pharmacy. Thank you for the opportunity to speak with you today.

From the Board of Pharmacy's perspective, what can I say better than *we like it the way it is*.

To have *every* active pharmacist in the state, an active member in the North Dakota Pharmaceutical Association, all working for the good of their patients and their profession, is the best scenario that I know of to help the Board of Pharmacy in regulating the profession in the best interest of the people of North Dakota. *Every* pharmacist has an equal voice and an equal vote at every association meeting.

The way the system works now is at the annual convention of the North Dakota Pharmaceutical Association, through a nominating process, where anyone can make a nomination. At least five individuals are selected. These individual's resumes are sent out on a ballot to the entire 760 pharmacist members of the North Dakota Pharmaceutical Association. By that ballot, the list is reduced to the top three vote recipients who are then submitted to the Governor for his consideration, with the one receiving the most votes at the top of the list. The Governor then appoints one of the three pharmacists to the Board of Pharmacy.

Back in the days when Governor Guy was in office, the law said that one name was submitted. It so happened that a republican precinct committee chairman from Dickinson, North Dakota, by the name of John Schuld was submitted. Governor Guy would not appoint John, so the sitting Board Member served for another year while the issue was resolved with the Governor's Office and the legislature. Subsequently, three names have been submitted for the Governor's consideration. Since that time we have not had a problem with the Governor finding a person on the list of three whom he was been happy to appoint to the Board of Pharmacy. To have these individuals come through the Pharmaceutical Association, most of them being past presidents of the Association or past presidents of the North Dakota Society of Health Systems Pharmacists (it was known as Hospital Association at the time)

provides a great deal of familiarity and credibility to our Board Members. Since they are well known by pharmacists across the state, they are never perceived as having parochial or narrow views, not in the interest of the patients and the profession that serves them. No one in North Dakota serves on the Board of Pharmacy to further their own business interest, because, with that attitude they would not have been chosen by their peers.

I recently spoke with Pharmacist Riley Rogers, who is a past president of the North Dakota Society of Hospital Pharmacists and a lifetime hospital pharmacist in Valley City. Riley also served 10 years on the State Board of Pharmacy, two years as President. Riley stated that when this legislation was originally passed in 1989, the leadership of the Society of Hospital (now called Health Systems Pharmacists) was very supportive of the concept, in fact Riley said, and I quote- "*It is the best thing we have ever done.*"

Because of the way our Board of Pharmacy is selected, we have a higher percentage of employee pharmacists serving on the Board, even though we also have by far the highest percentage of independent ownership of pharmacies in the country. Even though there is no requirement to do so, we currently have 4 members of NDSHP and 2 hospital pharmacists serving on the Board of Pharmacy, and another with past employment history with a hospital, who is now an independent pharmacy owner.

There is no question that the integrated licensure / association membership provides the resources that the Association needs to train and educate pharmacists in medication therapy management, immunization programs, diabetes and asthma training programs and run a vibrant organization that serves the public and the profession. The Pharmacists Association also maintains and operates our Impaired Pharmacist Program per NDCC 43-15-42.2. At the 2006 Annual Pharmaceutical Association Convention, over \$16,000 was raised at the Scholarship Auction to provide scholarships for students at North Dakota State University College of Pharmacy and our Pharmacy Technician Program at the State College of Science in Wahpeton.

Occasionally, some people think that an integrated Board/Association membership is a strange scenario. However, if we draw an analogy between that and being a citizen of North Dakota or the United States, we see that we do not always agree with what our legislature might decide. If we are in the minority, sometimes we do not get our way. But, that does not mean we can just run away, or pretend we are not citizens of the state of North Dakota, or pretend that we do not have to abide by its laws. Perhaps at some future time we will be in the majority and then we will get our way. One thing we can be assured of, is that if we are citizens of this state or if we are a member of the Pharmaceutical Association, we always have a voice and we always have a vote. In a profession, you always have access to the tools and a vehicle to work for, the best interest of the patients you serve.

There are *some* pharmacists who have disagreed with some of the positions that the Pharmaceutical Association has taken. They are in a *significant* minority and I would strongly encourage each of you to talk to the pharmacists in your district to determine how this integrated licensure / association membership has worked to serve the profession and to benefit the public the profession serves for the past 18 years.

ND BOARD OF PHARMACY BOARD MEMBERS

President

1987-1988

Gerald R. Johnson, R.Ph.
Independent

1988-1989

James H. Irsfeld, R.Ph.
Independent

1989-1990

Riley H. Rogers, R.Ph.
Hospital Pharmacist

1990-1991

Bruce Rodenhizer, RPh
Independent/Hospital Consultant

1991-1992

Howard C Anderson, Jr, RPh
Independent/ Hospital Consultant

1992-1993

Gerald R Johnson, RPh
Independent

1993-1994

Roberta E Southam, RPh
Independent/Hospital Consultant

1994-1995

Marvin Malmberg, RPh
Independent/Hospital Consultant

1995-1996

Harvey Hanel, PharmD
Hospital Pharmacist

1996-1997

Marvin Malmberg, R.Ph.
Independent/Hospital Consultant

1997-1998

Patricia A Kramer, RPh
Independent

1998-1999

Patricia Churchill, RPh
Independent

1999-2000

Marvin Malmberg, RPh
Independent/Hospital Consultant

2000-2001

Patricia Churchill, RPh
Independent

2001-2002

David J Olig, RPh
Independent

2002-2003

Harvey Hanel, PharmD
Independent

2003-2004

Gary Dewhirst, RPh
Independent

2004-2005

Dewey Schlittenhard, RPh
Hospital Pharmacist

2005-2006

Rick Detwiller, RPh
Hospital Pharmacist

2006-2007

Bonnie Thom, RPh
Independent

2007-2008

Board of Pharmacy Nominations

2006

Bob Treitline
Rick Detwiller (2nd term)
Gayle Ziegler
Judy Swisher

2005

DuWayne Schlittenhard (2nd term)
Dennis Johnson
Russel Kruger
Rob Nelson
Dave Robinson

2004

Dennis Johnson
Russel Kruger
Laurel Haroldson
Jollette Olig
James Carlson

2003

Bonnie Thom
Russel Kruger
Tom Simmer
Doreen Saylor
Tom Seaburg

2002

Gary Dewhirst
Dennis Johnson
Doreen Saylor
Bonnie Thom
Jeff Zak

Vice President Nominees

2006

Earl Abrahamson
Joel Aukes

2005

Lance Mohl
Wendy Brown
Brian Ament

2004

Dennis DelaBarre
Jerome Wahl

2003

Dennis Johnson
Sue Schnase

2002

Tim Carlson
Sue Schnase

Vice-President Candidate's Information

Earl Abrahamson

Earl Abrahamson graduated from NDSU in 1974. Earl began his professional pharmacy career in Washington, D.C. For the next 12 years Earl worked for Drug Fair Co. in the Washington, D.C., Maryland, and Pennsylvania area.

In 1985 Earl moved back to North Dakota and practiced pharmacy in Towner, ND. Earl moved to Dickinson, ND in 1986 and is employed by ND Pharmacy.

Earl has been an officer for District 5 of the NDPhA. He also served on the ND Governor's Drug Task Force. He is very involved in community activities, serving as a member of the Dickinson Public School Board and as member of Dickinson Elks, German Hungarian, and Kiwanis organizations.

Earl and his wife Susan have three children, Shane, Jason, and Erica.

Joel Aukes

Dr. Aukes attended the NDSU College of Pharmacy and earned his Doctor of Pharmacy in 1997. During his college years, he interned at MeritCare Health-System Pharmacy.

Upon completion of school, Joel accepted a position with Altru Health-System. He served as a Clinical Coordinator and also had a position at the University of North Dakota where he served as a pharmacology lecturer. In July of 2002, Dr. Aukes accepted a position at SCCI Hospital in Fargo. He is currently the Director of Pharmacy Services.

Joel is a member of NDSHP, ASHP, NDPhA, and the American Society of Parenteral and Enteral Nutrition. He was a presenter at the 2003 NDSHP Clinical Midyear Program. In his spare time he enjoys camping, hiking, canoeing, and reading.

See back for Board of Pharmacy Candidate's Information

Rick Detwiller

Once Rick Detwiller graduated from NDSU, he moved to Billings, MT and worked for Osco Drug in a management trainee program. He returned to North Dakota in 1977 and was employed at the Bottineau Clinic Pharmacy and St. Andrew's Hospital and Nursing Home. While Rick was a member and president of the Bottineau Jaycees, he received the ND Jaycee Roughrider Award.

In 1990 Rick was employed as manager of Medical Arts Pharmacy in Bismarck. Rick accepted the position of Administrator of Pharmacy Services for the State of North Dakota in September of 1997. In 2001 Rick became the Pharmacist-In-Charge of the new St. Alexius Outpatient Pharmacy in Bismarck.

Rick remains dedicated to community involvement. He and his wife Nancy have two children, Jill and Mark.

Judy Swisher

Judy Swisher attended Colorado State University where she earned a Bachelor of Science in Mathematics in 1963 and a Master of Arts for Teachers in chemistry 1967. In 1975 she returned to school at the University of New Mexico and received a Bachelor of Science in Pharmacy in 1985.

Following an internship at Osco Drug in Aberdeen, SD, she was licensed as a pharmacist in North Dakota in 1986. Her first pharmacy job was at Budget Drug in Grand Forks, and in 1991 she became pharmacist-in-charge at Family Practice Pharmacy in Grand Forks.

Judy has served District 4 as Secretary, Vice President, and then, in 1989-90 as President. She remains an active volunteer in Grand Forks, and her and her husband Wayne have two grown sons, a granddaughter and two grandsons.

Gayle Ziegler

Gayle Ziegler is a 1984 graduate of NDSU and has been a hospital pharmacist for 22 years. She is currently the Pharmacy Coordinator at MeritCare South University Hospital Pharmacy. She previously worked at St. John's Hospital Pharmacy and Dakota Heartland Hospital Pharmacy.

Gayle serves as a preceptor for NDSU pharmacy students. She is a member and past president of the NDSHP, currently secretary/treasurer for the NDPhA 8th District, and a member of ASHP. Gayle is a past recipient of the Marion Young Pharmacist of the Year Award and the Pfizer Health-System Pharmacist of the Year Award.

Gayle and her husband Dale have a teenage son and daughter. She likes to quilt, and was the president of her bowling league for the past 3 years.

Bob Treitline

Bob Treitline received a bachelor's degree in Pharmacy in 1969 from NDSU. He began his pharmacy career in Bloomington Indiana working for Osco from 1969 to 1983. In 1983 he became the owner of ND Pharmacy in Williston and Dickinson, ND. He is also part owner of Rx Plus in Williston and Clinic Pharmacy in Dickinson.

Bob is a member of the NDPhA, NCPA, and ACPE. He is a board member and Past President of District 5. Bob was awarded the Innovative Pharmacy Practice Award in 1997, the Al Dorre Service Award in 1999, and the Bowl of Hygeia Award in 2006. He is also a very active community volunteer.

Robert and his wife Sheryl have three children and five grandchildren. Bob works with two of his daughters at ND Pharmacy and is proud to have a "Family" Business.