2019 HOUSE HUMAN SERVICES

HB 1498

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1498
1/28/2019
31579

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Nicole Klaman - Typed by Elaine Stromme

Explanation or reason for introduction of bill/resolution:

Relating to pharmacist administration of drugs.

Minutes:

Attachments: 1 - 4

Chairman Weisz opened the hearing on HB1498:

Representative Don Vegaa: Introduction to HB 1498. Allow pharmacists to administer medications in certain situations. This is happening in rural America now. Emergency situations is what we are currently discussing.

Mike Schwab: Executive Vice President of the ND Pharmacists Association: See **attachment 1**

Stopped 5:27

Representative Porter: The provision Page 2 Item D. Is this a standalone provision?

Mike Schwab: No standing order needed in an emergency.

Representative Porter: It's open to any medication in an emergency?

Mike Schwab: Correct

Representative Porter: No standing order applies in the time of an emergency.

Mike Schwab: This is currently how it is written.

Representative Rohr: Will all pharmacies have protocol to handle anaphylactic reactions?

Mike Schwab: Yes, it will be per location.

Representative Rohr: So all of them will have to go through CPR and all that, will they all have access to defibulators in these areas?

Mike Schwab: They already are going through training, that section would be more towards individuals without a doctorate or pharmacy degree.

Representative Skroch: Provision for fee for service? And if so, will pharmacies be able to bill Medicare for administration of a medication?

Mike Schwab: Incident 2 of billing or 85% physician fee schedule for those services.

Chairman Weisz: Support

11:00 Mark Hardy: Executive Director of the North Dakota State Board of Pharmacy, see **attachment 2. 15:11**

Representative Porter: Page 2. Is it the intent that that subsection is related to in hospital only?

Mark Hardy: That's what we were looking to address, was the provision of emergency services in a hospital.

Representative Porter: Inside of that, in the team setting of cardiac arrest in ER. I'm unclear or are we creating a pathway for someone to administer those medications outside of standing order or protocol.

Mark Hardy: If you loop it under the language under letter C on starting on page 1 line 19 Then that makes it a little clearer, that you need to have an order from a practitioner in a health care facility.

Representative Porter: I am more concerned when the practitioner isn't there and it may be the nurse in charge. This may set up the pharmacist for problems of established protocol.

Mark Hardy: 18:56 That is going to depend on the circumstances involved.

Representative Porter: The nurse working will follow protocol, that they can administer on a standing order. I think it's the language that disconnects protocols to the non-prescriber.

Representative Rohr: Mott ND has a free standing pharmacy with no hospital, Elgin, ND has a free standing pharmacy and a hospital. So how do you see this bill working in both of those situations?

Mark Hardy: Freestanding I don't think much changes besides Section 2 to provide those injections. This is more tailored to the health care facilities.

Representative Skroch: When it comes to billing for services, is this recognized by Medicare/Medicaid to be billable fee?

Mark Hardy: Dr. Christianson will answer that directly.

Weisz: Support?

Erik Christianson: Pharmacist, in support. See attachment 3
Stopped 26:30

Chairman Weisz: Billing and coding?

Erik Christianson: Not billable through Medicare or Medicaid. Pharmacists do a lot of this for free until we are recognized at a federal level. Retail STD drugs pharmacist please administer, technically we can't.

Representative Rohr: Free standing retail have to have protocol in effect for anaphylactic shock?

Erik Christianson: Yes, that would be correct.

Chairman Weisz: Support?

Jesse Rue: Pharmacist, in support, See attachment 4
Stopped 2:32

Representative Rohr: Do we still have people in ND that are only have 4 years of collage called non Pharm D's?

Jesse Rue: Yes, Pharm D went from 4 to 6-year program.

Chairman Weisz: Opposed?

None.

Hearing closed on HB 1498

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1498
1/28/2019
31603

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Nicole Typed by ; Elaine Stromme

Explanation or reason for introduction of bill/resolution:
Relating to pharmacist administration of drugs.

Minutes:

Chairman Weisz: Opened hearing on HB 1498:

Representative Porter: Moved the Amendment

Representative Rohr: Seconded

Voice Vote: Amendment passes

Representative Porter: Moved the Do Pass as Amended

Representative Rohr: Seconded

A Roll Call Vote was taken: Yes – 12 No – 0 Absent -2

Do Pass Carries. **Representative Porter** will carry HB1498

DF 1/28/19

19.1060.01001
Title.02000

Adopted by the Human Services Committee

January 28, 2019

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1498

Page 2, line 1, after "services" insert "in a health care facility upon an order or by established written protocol"

Renumber accordingly

Date: 1-28-2019
Roll Call Vote #: 1

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1498

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.1060.01001

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep Porter Seconded By Rep. Rohr

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman			Gretchen Dobervich		
Karen M. Rohr – Vice Chairman			Mary Schneider		
Dick Anderson					
Chuck Damschen					
Bill Devlin					
Clayton Fegley					
Dwight Kiefert					
Todd Porter					
Matthew Ruby					
Bill Tveit					
Greg Westlind					
Kathy Skroch					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Voice Vote Motion Carries.

Date: 1-28-2019
Roll Call Vote #: 2

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1498

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Porter Seconded By Rep. Rohr

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich	A	
Karen M. Rohr – Vice Chairman	X		Mary Schneider	X	
Dick Anderson	A				
Chuck Damschen	X				
Bill Devlin	X				
Clayton Fegley	X				
Dwight Kiefert	X				
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 12 No 0

Absent 2

Floor Assignment Representative Porter

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

REPORT OF STANDING COMMITTEE

HB 1498: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HB 1498 was placed on the Sixth order on the calendar.

Page 2, line 1, after "services" insert "in a health care facility upon an order or by established written protocol"

Renumber accordingly

2019 SENATE HUMAN SERVICES

HB 1498

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1498
3/4/2019
Job# 33102

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez / Carie Winings

Explanation or reason for introduction of bill/resolution:

Relating to pharmacist administration of drugs.

Minutes: Attachments: 1-5

Madam Chair Lee: Opened the hearing on HB 1498.

(01:09-05:42) Mark J. Hardy, PharmD, Executive Director of the North Dakota State Board of Pharmacy: Testified in support of HB 1498. Please see Attachment #1 for testimony.

(06:42-09:44) Mike Schwab, Executive Vice President of the ND Pharmacists Association: Testified in support of HB 1498. Please see Attachment #2 for testimony.

Madam Chair Lee: What would be different from a pharm tech administering an immunization compared to an LPN?

Mike Schwab: It is something we discussed. Given that there is only one state looking at it right now, and given the fact that we were looking to change it from the pharmacist's administration perspective. We felt at this time that we would leave the ability of a pharmacy tech to provide immunizations alone just for maybe this session. It is probably something you will see next session in my assumption.

Madam Chair Lee: I am not asking to include it here, but I thought it was interesting.

Senator Hogan: Is this standard practice in other states? How does this compare to other states?

Mike Schwab: In terms of the administration piece?

Senator Hogan: Yes.

Mike Schwab: If you look at page 2 of the testimony, that is where we referenced the 40 states, and of that, I think it was 27 of them that allow pharmacists to provide administration

with a prescription. They don't even require an order by a physician. Thirteen other states require an order of collaborative practice agreement or standing protocol. We felt that it was in the best interest to stay on that path, because we have that same type of scenario with our collaborative practice agreements already.

Senator Roers: So the practitioner order is for the administration of the drug, and not for pharmacy to administer the drug right? I want to make sure that we are not now requiring a provider to enter an order that it is ok for the pharmacist to do it. It seems like that would be extra work.

Mike Schwab: That would be correct.

(12:58-14:37) Dr. Jesse Rue, Pharmacist in Bismarck with the North Dakota Pharmacy Service Corporation: Testifying in support of HB 1498. Please see Attachment #3 for testimony.

Madam Chair Lee: I appreciate your perspective from your rural practice. That is where we really got involved in the whole pharm tech thing some years ago. It is all part of the team.

(16:18-18:36) Kelsi Thunshelle, Student Pharmacist: Testifying in support of HB 1498. Please see Attachment #4 for testimony.

* Additional testimony was provided to the committee from Erik Christenson, Pharmacists for 20 years. Please see Attachment #5 for testimony.

Madam Chair Lee: Asked for any additional testimony. There was none. Asked AARP who was in the room if they had any comments on the subject of the bill.

(20:21-21:50) George Sennik (spelling unknown), AARP, Resident of Bismarck, North Dakota: With this pharmacy thing, let's try and keep it as simple as possible for the clients. You don't know if you are going to get your flu shot at the clinic or you can have it at the pharmacy. That is also for the shingles shot. Let's try and keep it simple for those of us that are 50 plus.

Madam Chair Lee: The expansion of pharmacies into grocery stores has been an interesting addition. I was able to get my updated shingles shot there when I couldn't get it at the clinic.

Senator Roers: Moved a DO PASS.

Senator Hogan: Seconded.

A Roll Call Vote Was Taken: 6 Yeas, 0 Nays, 0 Absent.
Motion Carried.
Senator Anderson will carry HB 1498 to the floor.

Date: 3/4/19
Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1494

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☑ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Roers Seconded By Hogan

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee	X		Sen. Kathy Hogan	X	
Sen. Oley Larsen	X				
Sen. Howard C. Anderson	X				
Sen. David Clemens	X				
Sen. Kristin Roers	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Anderson

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

REPORT OF STANDING COMMITTEE

HB 1498, as engrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1498 was placed on the Fourteenth order on the calendar.

2019 TESTIMONY

HB 1498

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NDPhA
NORTH DAKOTA PHARMACISTS ASSOCIATION

HB 1498

House Human Services Committee

Chairman – Rep. Robin Weisz

10:00 AM – 1/28/19

Chairman Weisz and members of the committee, for the record, my name is Mike Schwab the Executive Vice President of the ND Pharmacists Association. We are here to day in support of HB 1498 which will help increase access to care, help with provider storages (especially in our rural communities), removes unnecessary barriers and allows a pharmacist to help in emergency situations.

Currently, pharmacists can administer drugs by injections, but they are not allowed to administer other types of drugs such as drugs given orally, through medication pumps, inhalers or nebulizers.

It is important to note the bill does not give pharmacists the ability to independently administer drugs. A pharmacist can only administer a drug upon the order of a practitioner and the drug can only be administered to individuals who are at least eighteen years of age.

Currently, 40 states allow administration of drugs by pharmacists beyond just vaccines. 27 states allow pharmacists to administer medications with just a valid prescription. The other 13 states that allow pharmacist administration beyond vaccines, also require one of the following, in addition to a valid prescription.

- Collaborative Practice Agreement
- Medical Order
- Standing Order or Protocol

As mentioned above, we feel leaving "upon the order of a practitioner" in the bill is in the best interest of the patient, care coordination efforts and team communication. It is also important to note the bill also allows for the administration of drugs by pharmacists in emergency situations or when emergency services are being provided. Currently, pharmacists are technically not allowed to administer any drug in emergency situations. In some of our rural settings and facilities, it is happening because the pharmacist is sometimes the only one around or available at that time.

HB 1498 also looks to remove prescriptive educational requirements. We support removing the 20 educational hours in order to administer drugs. Pharmacists that have earned their Doctor of Pharmacy degree are trained and ready to administer medications if given the chance. Leaving the educational requirements up to the Board of Pharmacy to determine, would provide an opportunity to tailor educational requirements based the type of degree pharmacists have obtained.

Lastly, HB 1498 looks to remove the 6 continuing education hours related to immunizations and vaccinations. Multiple national pharmacy organizations recommend state laws and regulations should not identify a specific number of continuing education hours but there should be an expectation that the pharmacists maintain continued competency regarding the populations they serve, medications they administer and current guidelines. Just like other health care professionals, pharmacists already are required to obtain annual continuing education to maintain their license.

This bill is needed to address some of the situations that are already occurring in our rural settings and facilities. The bill further aligns with current pharmacy education standards and a

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Pg 3

pharmacist's skills and abilities. Thank you for your time and attention today. I would be happy to try and answer any questions you might have for me.

Respectfully Submitted,

Mike

Mike Schwab

NDPhA- EVP

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1/28/19
Pg. 1

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Doug Burgum, Governor

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Mark J. Hardy, PharmD, R.Ph.
Executive Director

House Bill No 1498 – Pharmacist Administration of Drugs

Human Services Committee – Fort Union Room
10:00 AM - Monday – January 28, 2019

Chairman Weisz, members of the House Human Services 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 provide testimony is support of the changes proposed in House Bill 1498 which will help to streamline and broaden the ability of pharmacists to provide administration of medications.

The law that is being looked at today was initiated in the early 2000s by the legislature to allow a narrow scope of authority for pharmacists to provide injections. The reason then was to expand the authority of pharmacists to provide immunizations as well as other injections in an outpatient level.

On Page 2, line 1, the Board is supportive of the allowance for pharmacists to administer drugs to individuals receiving emergency services. The Pharmacist's role in participating in emergency rooms or emergency "code" situation in health care facilities has grown over the years. In the past, pharmacists were isolated to the pharmacy and simply participated in traditional dispensing and order review roles. However, pharmacists are increasingly being placed in decentralized roles on many floors of hospitals to be the medication experts they are trained to be. This results in a higher level of patient care as well as other health care professionals being able to have a greater access to the pharmacist. This is especially true in the emergency room, where it is common in our large facilities for a pharmacist to be staffed in the emergency department. The pharmacist is there to prepare and provide medications in real time where speed and accuracy of drug delivery are so important. The reality of the scope of a pharmacist currently does not allow them to administer the drug often through an IV port in these emergency situations. This may also be true of providing medications to patients in a "code" type scenario on the floor of a hospital. The Board has received requests for this expansion in scope and we are supportive of allowing pharmacists to provide this level of care.

On page 2, regarding Section 2 of the bill, the changes would remove the need for a pharmacist to obtain a separate "certification" from the Board when they wish to provide administration services. When this section was enacted, injection of medications was a new authority to the scope of a pharmacist. The reality now is that this education is now a standard for our graduating pharmacists. Competencies in this area of providing these injections is a requirement of the Accreditation Council for Pharmacy Education (ACPE), which our colleges must maintain, and has been for over 10 years. Simply put, this requirement for certification is just a regulatory burden for our new graduates and it is time to make this change. If approved the Board would modify our current rules that mirror this chapter of century code to set a standard of care for pharmacists looking to administer medications. These rules would also need to set standards for education for those pharmacists who may not have recently graduated or attended the traditional 20 hour education course.

The Board appreciates the legislature looking at this issue during this session. Pharmacists in the state are increasingly being looked to providing immunizations/injecitons and that growth will continue into the future. Outside of the changes proposed in this bill, the Board has discussed modifications to the age restrictions in the law to allow pharmacists the opportunity to provide more adolescent vaccines in an attempt to provide solutions to the immunization rates provided by the Department of Health. Also the Board has been watching an initiative in Idaho which modified their laws and rules to allow educated and trained pharmacy technicians under the supervision and care of a pharmacist encounter to complete the technical task of providing an immuization. The Board is supportive of that expansion and does see opportunities especially in those rural areas being serviced by telepharmacy. Just to be clear, this legislation does not make changes that would allow these provisions.

The Board of Pharmacy is always supportive of putting pharmacists in the position of helping the healthcare system manage and execute patient care. That is what they are educated and trained to do and what the public should expect of them.

I appreciate the opportunity to be with you today to offer our support of HB1498. I would be happy to address and questions the committee would have.

January 28th, 2019

North Dakota State Legislature
House Human Services Committee
2019 Legislative Session

Dear Chairman Weisz and fellow representatives,

My name is Erik Christenson and I am writing you in support of HB 1498, pharmacist administration of medications. I have been a pharmacist for about 20 years. Most of my practice has been in rural North Dakota as a Hospital and retail pharmacist. After completing my pharmacy practice residency at Merit Care Medical Center I moved to Rugby, North Dakota to take a job as a staff pharmacist at Heart of America Medical Center. Over my past 20 years my health care experience involves being as a pharmacist, director of pharmacy, pharmacy owner, chief professional officer, chief operations officer, and an ambulance volunteer as an EMT. My passion is for high-value healthcare in rural North Dakota.

Ask any hospital administrator what one of the major concerns is regarding providing high-value healthcare in rural North Dakota and they will tell you that there is a shortage of human capital. It is extremely difficult to get highly trained and knowledgeable staff to provide care in our rural hospitals and clinics. This is where this law comes into play.

In the hospital where I practice our pharmacists are on the stroke team. We come in during a stroke code and make sure that the appropriate medications are administered during a stroke and that the needed medications are given safely. One of these medications is Activase. This medication must be mixed and dosed very specifically. Activase can also be extremely dangerous if not given appropriately. This medication is also very time sensitive regarding the timing of administration. During a stroke code the pharmacist mixes the medication, draws up the dosage, verifies the indications, assures that no contraindications exist, verifies the dosage with the provider and then stands with the medication in hand until a nurse if free to give the medication. Many times the nurse will verify with the pharmacist how the medication is to be given.

During stroke codes many providers and nurses have stated that pharmacists should be able to just give the mediation as ordered since they are the "medication experts". I agree with this sentiment. I feel there is no good reason a pharmacist should not be able to further assist in the administration of medications in these situations where capable professionals are available and willing to help.

Another issue that arises in our hospital is programming of patient-controlled analgesia (PCA) pumps. In our facility the pharmacists are the most knowledgeable regarding these pumps and must work with the nursing staff to set up the pumps when one is ordered. However, given our current legislation it is illegal for a

pharmacist to push the start button on the PCA pump. In this situation the pharmacist is taking the responsibility of making sure the pump is programmed correctly, the medication is mixed correctly, and the process of monitoring the medication is in place to prevent an adverse outcome, but the pharmacist cannot finish the final step of starting the medication. Allowing pharmacists to assist the nursing staff with these complex medication administration process will help assure high-value healthcare and allow facilities it better utilize their human capital.

I believe the passage of HB 1498 will remove an unneeded barrier to the needed human capital that all rural health centers are looking for. Our pharmacy professionals are highly trained and highly skilled and we should allow them to practice at the full extent of their knowledge and capability. I thank you very much for your time and attention.

Sincerely,

Erik Christenson, PharmD, MBA-C
520 6th ST SE
Rugby, ND 58368

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1/28/19
pg. 1

House Human Services Committee
HB 1498 Hearing
1-28-19

Chairman Weisz and members of the House Human Services Committee,

My name is Jesse Rue. I'm a pharmacist in Bismarck with the North Dakota Pharmacy Service Corporation. Prior to moving to Bismarck a year ago I was the hospital pharmacist for eight years at one of our state's Critical Access Hospitals.

This bill does two main things. First, it expands which medications pharmacists are able to administer to patients. Today, a pharmacist can teach a patient how to give themselves an IV or use a nebulizer, but they can't administer those drugs themselves--the law doesn't even allow a pharmacist to give an Advil or an aspirin. Especially in rural areas and emergency rooms it makes sense to have more hands trained when the need arises, and this allows for that.

Secondly, it removes never-ending continuing education on immunizations for pharmacists who are already trained and giving them. As with most professions, pharmacists take continuing education each year for their licensure. They also must take continuing education to be able to keep giving flu shots, even if they do hundreds each year. This bill allows for flexibility to recognize the standard training new graduates receive while still allowing older pharmacists a way to become certified to vaccinate.

I do wish to highlight that, for safety, any pharmacist giving a drug or vaccine must still be trained and maintain their CPR. As with any professional, they would not be able to administer medications they are not trained to provide.

This bill makes sense, particularly for our emergency rooms and rural healthcare facilities that can always use more trained help. I want to ensure that any changes to medication administration laws are safe and effective, and I am confident that this bill meets that standard. Please support HB 1498.

Respectfully submitted,

Jesse Rue, PharmD, BCPS
jesserue@hotmail.com
701.430.0731

HB 1498
3/4/19
#1 pg. 1

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STATE BOARD OF PHARMACY

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Mark J. Hardy, PharmD, R.Ph.
Executive Director

House Bill No 1498 – Pharmacist Administration of Drugs

Human Services Committee – Red River Room
10:30 AM - Monday – March 4, 2019

Madam Chair Lee, members of the Senate Human Services 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 provide testimony is support of the changes proposed in House Bill 1498 which will help to streamline and broaden the ability of pharmacists to provide administration of medications.

The law that is being looked at today was initiated in the early 2000s by the legislature to allow a narrow scope of authority for pharmacists to provide injections. The reason then was to expand the authority of pharmacists to provide immunizations as well as other injections in an outpatient level.

On Page 2, line 1-2, the Board is supportive of the allowance for pharmacists to administer drugs to individuals receiving emergency services. The Pharmacist's role in participating in emergency rooms or emergency "code" situation in health care facilities has grown over the years. In the past, pharmacists were isolated to the pharmacy and simply participated in traditional dispensing and order review roles. However, pharmacists are increasingly being placed in decentralized roles on many floors of hospitals to be the medication experts they are trained to be. This results in a higher level of patient care as well as other health care professionals being able to have a greater access to the pharmacist. This is especially true in the emergency room, where it is common in our large facilities for a pharmacist to be staffed in the emergency department. The pharmacist is there to prepare and provide medications in real time where speed and accuracy of drug delivery are so important. The reality of the scope of a pharmacist currently does not allow them to administer the drug often through an IV port in these emergency situations. This may also be true of providing medications to patients in a "code" type scenario on the floor of a hospital. The Board has received requests for this expansion in scope and we are supportive of allowing pharmacists to provide this level of care.

On page 2, regarding Section 2 of the bill, the changes would remove the need for a pharmacist to obtain a separate "certification" from the Board when they wish to provide administration services. When this section was enacted, injection of medications was a new authority to the scope of a pharmacist. The reality now is that this education is now a standard for our graduating pharmacists. Competencies in this area of providing these injections is a requirement of the Accreditation Council for Pharmacy Education (ACPE), which our colleges must maintain, and has been for over 10 years. Simply put, this requirement for certification is just a regulatory burden for our new graduates and it is time to make this change. If approved the Board would modify our current rules that mirror this chapter of century code to set a standard of care for pharmacists looking to administer medications. These rules would also need to set standards for education for those pharmacists who may not have recently graduated or attended the traditional 20 hour education course.

The Board appreciates the legislature looking at this issue during this session. Pharmacists in the state are increasingly being looked to providing immunizations/injections and that growth will continue into the future. Outside of the changes proposed in this bill, the Board has discussed modifications to the age restrictions in the law to allow pharmacists the opportunity to provide more adolescent vaccines in an attempt to provide solutions to the immunization rates provided by the Department of Health. Also the Board has been watching an initiative in Idaho which modified their laws and rules to allow educated and trained pharmacy technicians under the supervision and care of a pharmacist to complete the technical task of providing an immunization. The Board is supportive of that expansion and does see opportunities especially in those rural areas being serviced by telepharmacy. Just to be clear, this legislation does not make changes that would allow these provisions.

The Board of Pharmacy is always supportive of putting pharmacists in the position of helping the healthcare system manage and execute patient care. That is what they are educated and trained to do and what the public should expect of them.

I appreciate the opportunity to be with you today to offer our support of HB1498. I would be happy to address and questions the committee would have.

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#2 pg. 1

NDPhA
NORTH DAKOTA PHARMACISTS ASSOCIATION

HB 1498

Senate Human Services Committee

Madam Chair – Senator Judy Lee

10:30 AM – 3/4/19

Madam Chair and members of the committee, for the record, my name is Mike Schwab the Executive Vice President of the ND Pharmacists Association. We are here to day in support of HB 1498 which will help increase access to care, help with provider shortages (especially in our rural communities), removes unnecessary barriers and allows a pharmacist to help in emergency situations.

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Currently, 40 states allow administration of drugs by pharmacists beyond just vaccines. 27 states allow pharmacists to administer medications with just a valid prescription. The other 13 states that allow pharmacist administration beyond vaccines also require one of the following, in addition to a valid prescription.

- Collaborative Practice Agreement

- Medical Order
- Standing Order or Protocol

As mentioned above, we feel leaving "upon the order of a practitioner" in the bill is in the best interest of the patient, care coordination efforts and team communication. It is also important to note the bill also allows for the administration of drugs by pharmacists in emergency situations or when emergency services are being provided. Currently, pharmacists are technically not allowed to administer any drug in an emergency situation. In some of our rural settings and facilities, it is happening because the pharmacist sometimes is the only one around or available at that time.

HB 1498 also looks to remove prescriptive educational requirements. We support removing the 20 educational hours in order to administer drugs. Pharmacists that have earned their Doctor of Pharmacy degree are trained and ready to administer medications if given the chance. Leaving the educational requirements up to the Board of Pharmacy to determine, would provide an opportunity to tailor educational requirements based the type of degree pharmacists have obtained.

Lastly, HB 1498 looks to remove the 6 continuing education hours related to immunizations and vaccinations. Multiple national pharmacy organizations recommend state laws and regulations should not identify a specific number of continuing education hours but there should be an expectation that the pharmacists maintain continued competency regarding the populations they serve, medications they administer and current guidelines. Just like other health care professionals, pharmacists already are required to obtain continuing education to maintain their license (30 CE hours every two years).

This bill is needed to address some of the situations that are already occurring in our rural settings and facilities. The bill further aligns with current pharmacy education standards and a pharmacist's skills and abilities. Thank you for your time and attention today, I would be happy to try and answer any questions you might have for me.

Respectfully Submitted,

Mike Schwab

Mike Schwab

NDPhA- EVP

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Senate Human Services Committee
HB 1498 Hearing
3-4-19

Chair Lee and members of the Senate Human Services Committee,

My name is Jesse Rue. I'm a pharmacist in Bismarck with the North Dakota Pharmacy Service Corporation. Prior to moving to Bismarck a year ago I was the hospital pharmacist for eight years at one of our state's Critical Access Hospitals.

This bill does two main things. First, it expands which medications pharmacists are able to administer to patients. Today, a pharmacist can teach a patient how to give themselves an IV or use a nebulizer, but they can't administer those drugs themselves--the law doesn't even allow a pharmacist to give an Advil or an aspirin. Especially in rural areas and emergency rooms it makes sense to have more hands trained when the need arises, and this allows for that.

Secondly, it removes never-ending continuing education on immunizations for pharmacists who are already trained and giving them. As with most professions, pharmacists take continuing education each year for their licensure. They also must take continuing education specific to immunizations to be allowed to keep giving them, even if they do hundreds each year. This bill allows for flexibility to recognize the standard training new graduates receive while still allowing older pharmacists a way to become certified to immunize.

I do wish to highlight that, for safety, any pharmacist giving a drug or vaccine must still be trained and maintain their CPR. As with any professional, they would not be able to administer medications they are not trained to provide.

This bill makes sense, particularly for our emergency rooms and rural healthcare facilities that can always use more trained help. I want to ensure that any changes to medication administration laws are safe and effective, and I am confident that this bill meets that standard.

Respectfully submitted,

Jesse Rue, PharmD, BCPS
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HB 1498
Senate Human Services Committee
Madame Chair Judy Lee
3/4/19 10:30 AM

Madame Chairwoman and members of the committee, for the record, my name is Kelsi Thunshelle. I am a student pharmacist graduating in May 2019. I am testifying in support of HB 1498 as I see it as a path to removal of unnecessary barriers in provision of healthcare that ultimately can improve patient outcomes.

Pharmacists are routinely referred to as medication experts. As part of the PharmD curriculum, pharmacists receive extensive training on all aspects of medication therapy and are regularly consulted by practitioners for advice on medication selection, dose, and administration. A pharmacist's responsibilities include verification that the prescribed medication, dose, and route of administration is appropriate for the patient, as well as ensure that the medication is properly dispensed. The final role of a pharmacist is to provide education to the patient or other healthcare provider on administration technique. As pharmacists must be able to provide education regarding administration technique, it is reasonable to acknowledge that they have the necessary skills to administer those same medications. In my past experiences, some patients have been uneasy to simply be told some information and then have to administer the medication without oversight of a healthcare provider. These patients have made requests for the pharmacist to administer the first dose to ease their anxiety, yet the pharmacist must decline and refer them to another member of the healthcare team.

Pharmacists currently have authority to administer injectable medications to all adults with a valid order from a practitioner. This bill simply expands the ability of a pharmacist to administer medication to formulations such as tablets, creams, nebulizers, and inhalers.

I support this bill as it allows the Board of Pharmacy to continue to exercise oversight of ND pharmacists to ensure that the health, welfare and safety of patients is maintained. As a future pharmacist, I will be required to complete 30 hours of continuing education every 2 years to maintain my license and ensure that I continue to provide excellent care to patients.

This bill provides an opportunity for pharmacy professionals to practice at the full extent of their knowledge in a manner that increases the value of healthcare to patients. Thank you for your time and consideration to support this bill.

Sincerely,

Kelsi Thunshelle

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March 3rd, 2019

North Dakota State Legislature
Senate Human Services Committee
2019 Legislative Session

Dear Chairman Lee and fellow senators,

My name is Erik Christenson and I am writing you in support of HB 1498, pharmacist administration of medications. I have been a pharmacist for about 20 years. Most of my practice has been in rural North Dakota as a Hospital and retail pharmacist. After completing my pharmacy practice residency at Merit Care Medical Center I moved to Rugby, North Dakota to take a job as a staff pharmacist at Heart of America Medical Center. Over my past 20 years my health care experience involves being as a pharmacist, director of pharmacy, pharmacy owner, chief professional officer, chief operations officer, and an ambulance volunteer as an EMT. My passion is for high-value healthcare in rural North Dakota.

Ask any hospital administrator what one of the major concerns is regarding providing high-value healthcare in rural North Dakota and they will tell you that there is a shortage of human capital. It is extremely difficult to get highly trained and knowledgeable staff to provide care in our rural hospitals and clinics. This is where this law comes into play.

In the hospital where I practice our pharmacists are on the stroke team. We come in during a stroke code and make sure that the appropriate medications are administered during a stroke and that the needed medications are given safely. One of these medications is Activase. This medication must be mixed and dosed very specifically. Activase can also be extremely dangerous if not given appropriately. This medication is also very time sensitive regarding the timing of administration. During a stroke code the pharmacist mixes the medication, draws up the dosage, verifies the indications, assures that no contraindications exist, verifies the dosage with the provider and then stands with the medication in hand until a nurse if free to give the medication. Many times the nurse will verify with the pharmacist how the medication is to be given.

During stroke codes many providers and nurses have stated that pharmacists should be able to just give the mediation as ordered since they are the "medication experts". I agree with this sentiment. I feel there is no good reason a pharmacist should not be able to further assist in the administration of medications in these situations were capable professionals are available and willing to help.

Another issue that arises in our hospital is programing of patient controlled analgesia (PCA) pumps. In our facility the pharmacists are the most knowledgeable regarding these pumps and must work with the nursing staff to set up the pumps when one is ordered. However, given our current legislation it is illegal for a

pharmacist to push the start button on the PCA pump. In this situation the pharmacist is taking the responsibility of making sure the pump is programmed correctly, the medication is mixed correctly, and the process of monitoring the medication is in place to prevent an adverse outcome, but the pharmacist cannot finish the final step of starting the medication. Allowing pharmacists to assist the nursing staff with these complex medication administration process will help assure high-value healthcare and allow facilities it better utilize their human capital.

I believe the passage of HB 1498 will remove an unneeded barrier to the needed human capital that all rural health centers are looking for. Our pharmacy professionals are highly trained and highly skilled and we should allow them to practice at the full extent of their knowledge and capability. I thank you very much for your time and attention.

Sincerely,

Erik Christenson, PharmD, MBA-C
520 6th ST SE
Rugby, ND 58368