

**2019 SENATE HUMAN SERVICES**

**SB 2155**

# 2019 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Red River Room, State Capitol

SB 2155  
1/16/2019  
Job #30879

- Subcommittee  
 Conference Committee

Committee Clerk: Justin Velez / Carie Winings
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## Explanation or reason for introduction of bill/resolution:

A bill relating to an exemption from the practice of pharmacy; and to declare an emergency.

## Minutes:

Attachments 1-9
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**Madam Chair Lee:** Opens the hearing on SB 2155.

**(2:30) Senator Anderson, District 8:** Testified as sponsor and to introduce the bill. Gave a brief description. It comes from the medical association working with their physicians in the Title 10 clinics where they are asking their nurses to dispense birth control pills and other contraceptive devices to the patients of those clinics when the practitioner may not be there. This exception to the practice of pharmacy is for those cases. It just says RN and the Board of Nursing was comfortable with that designation. They were not comfortable with LPN at this point. The Board of Nursing has some problems of their own related to this because this dispensing exemption is in the practice of pharmacy law but there is no place in the practice of nursing that says they can do this. My opinion is that is a problem that the Board of Nursing has to solve.

**(5:00) Cora Rabenberg, Director, Title X Family Planning Program, North Dakota Department of Health:** See Attachments #1 and #2 for testimony in favor of SB 2155.

**(9:25) Robin Iszler, Administrator at Central Valley Health District:** See Attachment #3 for testimony in favor of SB 2155. Also provided Attachment #4 for absent testimony of Kathy Stenson RN BSN, Title X Delegate Director for Upper Missouri District Health Unit.

**(14:00) Senator Roers:** Do you feel the RN stipulation will be a barrier?

**Robin Iszler:** For our agency in Jamestown, it will not be a barrier for us because we have registered nurses. However, I do know it costs the agencies here in North Dakota that there are LPN's employed within those clinics. So that may be a barrier for them.

**(15:20) Courtney Koebele, Representative of the North Dakota Medical Association:** See Attachment #5 for testimony in Favor of SB 2155. Also provided Attachment #6 for

absent testimony from Jeffrey Hostetter, MD. On behalf of the Board of Directors of the ND Academy of Family Physicians.

**(18:13) Karen Ryeberg, Member, North Dakota Women's Network:** Providing testimony for Kristie Wolff, Executive Director of the North Dakota Women's Network. See Attachment #7 for testimony in support of SB 2155.

**(22:00) Dr. Stacey Pfenning, Executive Director for the North Dakota Board of Nursing:** See Attachment #8 for testimony in a neutral capacity on the bill.

**(24:55) Madam Chair Lee:** I think it is important that we not use a cannon to kill a fly here too. I understand the needs as you have described them. I also understand that if a prescriber has prescribed that medication, and a registered nurse whom I trust to be an educated and smart person, reads the label and compares it to what the docket said, then I would not like to see a year and a half of rule presentations and discussions in order to get to something as simple as an RN being able to dispense something that is a commercial product that is prescribed by a doc. Tell me why I should not think that.

**Stacey Pfenning:** The dispensing is not something that the RN has really gone into. It is not in the curriculum. It is a little bit different. We do have other clinics in the state where this has become an issue. There are several investigations that are pending regarding dispensing because that is outside the scope of practice for the RN. It is in the APRN. I am not certain if an exemption in the law of the pharmacy would allow for overarching exemptions. It is to make sure that the two are coinciding.

**Madam Chair Lee:** We have a module to teach CNA's to dispense meds. I can't this is going to be all that hard.

**Senator Anderson:** We have worked on this issue for years. Our human service centers had a similar problem where they were handing out medications. With them we extended tele pharmacy to all 8 of our human service centers. We have cross trained nurses there who learn how to properly label etc. That was an option here for these clinics as well, but it means that someone has to spring for the money to install the tele pharmacy links. If you think you need an amendment here to authorize you to do what you need to do, we can put it in this bill.

**Senator Roers:** It seems so simple. I am struggling to see what possible education it would be. Would the education of this just be for the RN's?

**Stacey Pfenning:** We would work very closely with the board of pharmacy to see what their recommendations would be. We could keep it simple as continued education that could be submitted bi-annually and just be focused on dispensing. I've seen people with blood clots from birth control. Even though this is just handing out medication, but as a provider myself, I know the importance of teaching and follow up. I have seen very bad outcomes from birth control. It is not a benign medication. I think rules should be required for the nurses to be safe.

**Madam Chair Lee:** Wouldn't it be just as logical to expect that the provider would have explored those other kinds of issues that the patient might have. I guess you never know if someone will have a reaction to a drug. Nobody is going to know until that person shows up at the ER with an allergic reaction. I think that falls back on the prescriber.

**Stacey Pfenning:** It certainly does.

**Senator Hogan:** The Board of Nursing has the authority to change their own administrative rules. Can you do this without any action?

**Stacey Pfenning:** I believe so. We have some exemptions in our administrative code that are exemptions. Our attorney said we could mirror other exemptions, mirror the board of pharmacy and put it our code. That protects the RN. We almost have to dot both I's to make sure the nurses are safe. However, that education is something we need to look at.

**Senator Anderson:** Once a nurse or a pharmacist is authorized by law to do something, the practitioner or prescriber assumes that they know what they are doing. That's part of the problem with the prescriber. It isn't always the case that the prescriber covers all those details. They expect the dispenser to do that. They are used to that in the pharmacy environment.

**(34:20) Mark J. Hardy, PharmD, Executive Director of the North Dakota State Board of Pharmacy:** See Attachment #9 for Neutral testimony on SB 2155.

**Madam Chair Lee:** Closes the hearing on SB 2155.

# 2019 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Red River Room, State Capitol

SB 2155  
1/23/2019  
Job # 31331

- Subcommittee  
 Conference Committee

Committee Clerk Signature: Justin Velez / Carie Winings

## Explanation or reason for introduction of bill/resolution:

A bill relating to an exemption from the practice of pharmacy; and to declare an emergency.

## Minutes:

No Attachments

**Madam Chair Lee:** Opened SB 2155 for committee discussion.

**Senator Larsen:** I think this is pretty simple to do. It is just allowing another provider that is already in the building that understands the dispensing of the contraceptives.

**Senator Larsen: Moved a Do Pass.**

**Senator Roers: Seconded.**

**Madam Chair Lee:** Questioned if there was an amendment.

**Senator Roers:** That may have come from the Board of Nursing wanting to add some education in there.

**Madam Chair Lee:** I don't think we need to educate someone that already passes those out already.

**Senator Anderson:** I think the issue relative to the Board of Nursing was that they did not feel like it was clearly in the Nurse Practice Act that the nurse could do this. We offered to them that if they wanted to bring an amendment but they never did that. I assume they figured out how to solve it themselves.

**Madam Chair Lee:** If not, I assume they will.

**A Roll Call Vote Was Taken: 6 yeas, 0 nays, 0 absent.**

**Senator Roers will carry the bill.**

**2019 SENATE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2155**

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 Sen. D. Larsen Seconded By Sen. K. Roers

Senators	Yes	No	Senators	Yes	No
Chair Lee	x		Senator Hogan	x	
Vice Chair Larsen	x				
Senator Anderson	x				
Senator Clemens	x				
Senator Roers	x				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. K. Roers

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

**REPORT OF STANDING COMMITTEE**

**SB 2155: Human Services Committee (Sen. J. Lee, Chairman)** recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2155 was placed on the Eleventh order on the calendar.

**2019 HOUSE HUMAN SERVICES**

**SB 2155**



# 2019 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Union Room, State Capitol

SB 2155  
2/27/2019  
32949

- Subcommittee  
 Conference Committee

Committee Clerk Nicole Klaman	By: Elaine Stromme
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## **Explanation or reason for introduction of bill/resolution:**

Relating to the exemption from the practice of pharmacy; and to declare an emergency.

## **Minutes:**

Attachments: 1 - 7
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**Chairman Weisz:** Opened hearing on SB 2155

**Howard C. Anderson Jr.:** Introduced bill, (see attachment 1) In our Title X clinics we have nurses on a regular basis but the prescriber may not always be there. We would like to extend telepharmacy to each of the clinics.

**Cora Rabenberg:** Director of the Title X Family Planning Program of ND Department of Health, (see attachment 2 also included in this attachment is "Administrative Guidelines for Practitioner Dispensing in North Dakota") This is in support of this bill. At this time nurses can only dispense refill medications.

**Robin Iszler:** Administrator at Central Valley Health District, Jamestown ND, Support testimony, (see attachment 3 also included is a letter from Kathy Stenson RN BSN, Title X Delegate Director for Upper Missouri District Health Unit and a letter from the North Dakota Public Health Association) This would help people in rural areas. 13:24

**Representative Karen Rohr:** So you mentioned licensed trained nurses, tell us what goes into the training?

**Robin Iszler:** We have our practitioners tell our nurses how to prescribe and take the medications which are mostly contraceptives. 14:04

**Representative Clayton Fegley:** What kind of nurses would be involved?

**Robin Iszler:** Mostly registered nurses would be on staff.

**Kristie Wolff:** ND Women's Network: Support testimony given, written provided (see attachment 4) It is vitally important for women, regardless of their social economic status, Insurance coverage, geographic location, or reason for seeking contraceptives to have adequate and timely access to affordable FDA approved contraceptive methods. 17:56

**Courtney Koebele:** Representing the North Dakota Medical Association, (NDMA supports SB 2155) (see attachment 5) This bill would allow registered nurses working in Title X Family Planning Clinics to dispense contraceptive pills, rings or patches to a patient after an order from a clinician.

**Dr. Stacey Pfenning:** Executive Director for the North Dakota Board of Nursing, (see Attachment 6) (The NDBON is neutral on this bill) If SB 2155 is enacted, the NDBON will review its rules. 20:03

**Mark Hardy: PharmD,** Executive Director of the North Dakota State Board of Pharmacy. (see attachment 7) neutral While creating an exemption to the practice act to forgo the safety and care that a pharmacist provides is not ideal in our mind. We do see the intention for what it is and understand the need.

**Chairman Weisz:** closed the hearing on SB 2155

# 2019 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Union Room, State Capitol

SB 2155  
3/5/2019  
33302

- Subcommittee  
 Conference Committee

Committee Clerk: Nicole Klaman by Marjorie Conley

## **Explanation or reason for introduction of bill/resolution:**

Relating to the exemption from the practice of pharmacy; and to declare an emergency.

## **Minutes:**

Chairman Weisz: Reopened SB 2155.

Rep. Dobervich: Motion to Do Pass on SB 2155.

Rep. Westlind: Second.

Rep. Devlin: This only deals with Title X clinics. How many Title X clinics are there?

Chairman Weisz: There are 10 agencies to provide services and 20 sites across the state. Any other questions?

Roll Call Vote Yes 8 No 6 Absent 0

Motion carries.

Rep. Dobervich is the Carrier on SB 2155.

Date: 3-5-19  
 Roll Call Vote #: 1

**2019 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. SB 2155**

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. Dobervich    Seconded By Rep. Westlind

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich	X	
Karen M. Rohr - Vice Chairman		X	Mary Schneider	X	
Dick Anderson	X				
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) 8    No 6

Absent 0

Floor Assignment Rep. Dobervich

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

**REPORT OF STANDING COMMITTEE**

**SB 2155: Human Services Committee (Rep. Weisz, Chairman)** recommends **DO PASS** (8 YEAS, 6 NAYS, 0 ABSENT AND NOT VOTING). SB 2155 was placed on the Fourteenth order on the calendar.

**2019 TESTIMONY**

**SB 2155**

Good morning, Madam Chair Lee and members of the Human Services Committee. My name is Cora Rabenberg and I am the Director of the Title X Family Planning Program for the North Dakota Department of Health. I am here today to provide testimony in support of Senate Bill 2155.

For the past 45 years, the North Dakota Department of Health has been the Title X recipient in North Dakota. Title X is the only federal program dedicated solely to the provision of family planning and related preventive health services (e.g., cervical cancer screening, sexually transmitted infection testing). The mission of the North Dakota Title X Program is to assist women and men in understanding and taking responsibility for their reproductive health through education, counselling and medical services.

The North Dakota Department of Health grants funding to ten administering agencies who provide services at twenty sites across the state. In 2017, 7,027 women and men received reproductive health services through the Title X Program. Each of the sites are registered under the 340B Drug Pricing Program which allows safety net providers to obtain discounted outpatient medications. The 340B medications are available on site when ordered by a clinician.

Each agency is reviewed by state staff every three years. This review ensures compliance with federal and state requirements. In 2016, we noted that nurses in Title X sites were following a standing order that allowed them to provide contraceptives to clients when a clinician was not on site. The state staff who was assisting in the site review recalled a March 2015 document from the Executive Director of the North Dakota State Board of Pharmacy which states:

*It is the opinion of the Board of Pharmacy, the Board of Medical Examiners and the Board of Nursing that the actual dispensing cannot be delegated to others... The practitioner must be the one responsible for actual checking of the medication and providing information to the patient, which in their professional opinion, is necessary for the proper utilization of the medication.... A licensed practical nurse or registered nurse may deliver the medication to the patient after approval by the prescriber. The full document is included as an attachment.*

Immediately following this discovery, the North Dakota Department of Health Title X Program notified the agencies and instructed nursing staff to stop the practice of dispensing medications. This change in practice did not affect the service sites that have a clinician on site every day. However, several of the smaller service sites do not have a clinician on site every day. As a result, these sites are no longer able to provide clients with timely access to contraception, which increases the risk of unintended pregnancy.

In problem solving this challenge, utilization of telemedicine has been determined to be the timeliest and most cost-effective solution for providing contraceptives to clients; however, nurses would still not be able to dispense the prescribed medication. Passage of this bill would allow nurses to dispense contraceptives to new clients based on an order from a clinician during a telemedicine visit. In addition, nurses would be able to dispense contraceptive refills to established clients based on an existing clinician order.

When women and their partners have access to contraceptive methods, they are better able to plan and space their births. This leads to positive health, social and economic outcomes for women, families and society.

This concludes my presentation. I am happy to answer any questions you may have.



**ADMINISTRATIVE GUIDELINES FOR PRACTITIONER DISPENSING  
IN NORTH DAKOTA**

SB 2155  
1/16/19  
#2 pg. 1  
March 2015

These guidelines are intended to apply to practitioners who in North Dakota include: physicians, physician assistants and nurse practitioners, as well as others authorized to prescribe or dispense, who may find themselves in similar circumstances.

Let us begin by saying; physicians are exempt from the pharmacy practice statutory requirements under North Dakota Century Code (NDCC) 43-15-02. Exemptions - *"A duly licensed practitioner of medicine supplying the practitioner's own patients with such remedies as the practitioner may desire."* And North Dakota Administrative Code (NDAC) 61-04-02-01 – *The exemption contained in subsection 1 of NDCC 43-15-02 for a duly licensed practitioner of medicine supplying the practitioner's own patients with such remedies as the practitioner may desire shall exempt such practitioners who dispense remedies as an incident to the practice of their profession for a patient's immediate needs, which would be those drugs required for a seventy-two hour time period, full course of antibiotic treatment, starter pack of pre-packaged medications, or up to a ten day supply of initial therapy of maintenance medication that should be started immediately, but shall not exempt such a practitioner who regularly engages in dispensing such remedies to the practitioner's patients for which such patients are charged either separately or together with charges for other professional services, from recordkeeping, dispensing, labeling, counseling as required by NDCC 43-15-31.2, patient profile system as required by NDCC 43-15-31.1, and all other requirements of the practice of pharmacy as set forth in this chapter or by federal and state laws as they pertain to the regulation of practice of pharmacy. Documented charts shall meet the requirements of the patient profile system."*

For the purposes of these guidelines, we will also assume, though not specifically mentioned or addressed, the exemption will include physician assistants and nurse practitioners subject to any guidelines which might be imposed by their respective licensing Boards, the Board of Medical Examiners or the Board of Nursing, and of course always limited appropriate scope of practice considerations, as with all other healthcare practice activities.

When the practitioner is doing the dispensing, he or she is responsible for the proper labeling of the medication and the patient information which is necessary for the patient's safe use of the medication, and for the proper recordkeeping. Record keeping is usually accomplished by adequate entries in the patient's chart.

It is the opinion of the Board of Pharmacy, the Board of Medical Examiners and the Board of Nursing that the actual dispensing cannot be delegated to others. Although, others may certainly help with activities such as filling out paperwork, obtaining the medication, preparing and affixing the proper label, etc. The practitioner must be the one responsible for actual checking of the medication and providing information to the patient, which in their professional opinion, is necessary for the proper utilization of the medication. Interactions with other medications the patient may be using is part of this patient information, as well as the proper dosage, duration of therapy, side effects to be expected, what to do if doses are missed and what to expect from the use of the medication. A licensed practical nurse or registered nurse may deliver the medication to the patient after approval by the prescriber.

If individual practitioners feel that there is a necessity to vary this policy, they should contact their respective Board and ask for a review of these guidelines.

Additional questions may be directed to the Board of Pharmacy, the Board of Medical Examiners or Board of Nursing.

Mark J Hardy, Pharm D  
Executive Director  
ND State Board of Pharmacy

Testimony SB 2155

January 16, 2019

Good Morning Madam Chair Senator Judy Lee and members of the Human Services Committee. My name is Robin Iszler; I am the administrator at Central Valley Health District the local public health department located in Jamestown North Dakota. Since 1972 our agency has had a Title X program. Funding for the program comes from the ND Department of Health through a grant from the Federal government. I am here in support for SB 2155.

Our agency employs a nurse practitioner and nurses to provide Title X and related health services in Jamestown, Carrington and Valley City. Clients from around our region travel to our clinic sites to receive services which are based on a sliding fee schedule according to their income and family size.

We participate in the 340B drug pricing program mentioned earlier and we appreciate being able to offer our clients medications at a discounted rate. In order to determine the medication a client needs, clients are seen by the nurse practitioner for a comprehensive wellness exam. SB 2155 will allow nurses in the Title X agencies to dispense medications on the days when the nurse practitioner or physician are not at the clinic site.

In 2016, we were notified by the Department of Health Family Planning Program Director that only the provider could dispense medications, our agency and the others needed to change the way we provide services to our clients. This change has presented challenges especially when the provider is only available on a biweekly or monthly basis. Let me give you some examples of the challenges from my colleagues across North Dakota.

SB2155  
1/16/19  
#3 ps.2

- A client calls for a refill of medication and she needs the medication that day. The nurse practitioner/provider was just at the clinic last week, and will not be back at the clinic for another 3 weeks, the client's chart contains the order for the medication prescribed, the clinic has the medication, but because there is no provider in the building, the nurse cannot dispense the medication to the client – *Richland County Family Planning*.
- A college student needs an exam and has scheduled one for when the provider is in the clinic, but needs a refill today to continue the medication until the appointment. Again, the nurse cannot provide the medication to the client because there is no provider at the clinic – *Richland County Family Planning*.
- In some areas the client base is 75% American Indian; they choose not to use IHS (Indian Health Service). They live out of town, and face the challenges of both transportation and scheduling difficulties. These clients need the clinic to be able to deliver services at their convenience – *Lake Region Family Planning, Devils Lake*.
- Oftentimes, clients do delay their prescription requests until the immediate need for medication arises. Clinics serve a social-economic group that cannot or will not utilize private sector health care to prevent unwanted pregnancy. Waiting for practitioner/provider availability increases the risk for unplanned pregnancy – *Lake Region Family Panning, Devils Lake*.
- Clinics find it is not cost effective to pay the practitioner (\$50/hr.) to drive into town to dispense the medication to the client when the client is unable to stop during the practitioner clinic hours. Title X dollars should be spent wisely, and

this legislation would help stretch these dollars to better benefit clients – *Lake Region Family Planning, Devils Lake.*

- The Dickinson program (Community Action Family Planning) provides services in eight southwest counties: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark. Many of the clients have limited access to a pharmacy and they travel a long distance for services. The current situation causes access issues for clients to receive timely services.

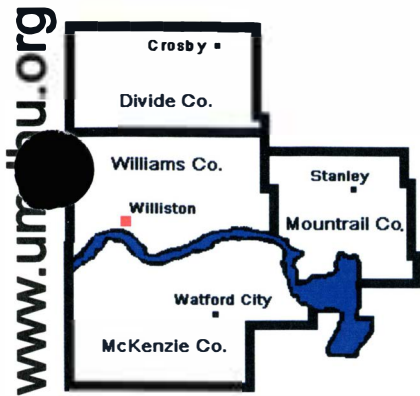
I hope these examples help to show the need for SB 2155. This bill is limited to only Title X clinics and the licensed trained nursing staff that are employed within. I hope you will support this bill to help increase access to reproductive medications throughout our state.

This concludes my testimony. I am happy to answer questions you may have.

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1/16/19  
#4/rg.1

# Upper Missouri District Health Unit

*"Your Public Health Professionals"*



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Senate Bill 2155  
10:00 a.m., January 16, 2019

Good Morning, Chairman Lee and members of the Senate Human Services Committee.

I am Kathy Stenson RN BSN, Title X Delegate Director for Upper Missouri District Health Unit. Our agency provides services in Divide, McKenzie, Mountrail and Williams Counties.

As part of the Title X federal program, the goal of our agency is to provide accessible low cost, high quality reproductive healthcare to our population. Our region of Northwest North Dakota has few low cost options for this care. As a Title X agency we are able to charge on a sliding fee scale for services and medications. Many of our clients have high deductible or no insurance and often minimal household income. We are gap fillers for area clinics, as we get many referrals to provide more affordable healthcare options for people.

In the past we have been able to provide access to contraceptive options to those seeking it in a timely manner. That changed greatly in 2016, when nurses in Title X clinics were no longer allowed to dispense contraceptives without a practitioner in the clinic. As with several Title X clinics, we have a practitioner in our clinic on a limited basis. Our ability to provide access to reproductive healthcare has been impacted and we have seen the adverse effect in our client numbers and unintended outcomes.

Just two examples include two teenage females, age 15 and age 16, whom had to wait for appointments with our practitioner to have access to contraceptives. By the time the

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#4 pg. 2

practitioner saw them in the clinic, both had unintended pregnancies. UMDHU was unable to help them make responsible decisions regarding their reproductive health and avoid negative outcomes due to policy which created a barrier to service.

Our Title X nurses are well trained in providing education and counseling in all aspects of reproductive health. I hope you will approve this bill to allow Title X nurses to dispense contraceptives, as we previously had for many years, without a practitioner in the clinic. This will help us reach our goal of accessible low cost, quality reproductive health care that has a positive impact on our communities.

Kathy Stenson RN BSN

Title X Delegate Director

Upper Missouri District Health Unit

701-774-6400

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SB 2155  
1/16/19  
#3 p.1

**Senate Human Services Committee**  
**SB 2155**  
**January 16, 2019**

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

NDMA supports SB 2155.

This bill would allow registered nurses working in Title X Family Planning Clinics to dispense contraceptive pills, rings or patches to a patient after an order from a clinician. Family Planning clinics stock contraceptives on site and offer them to patients at a discounted rate. Right now, registered nurses cannot dispense these medications to patients because it is against the pharmacy law. This bill would make an exception for registered nurses working in Title X clinics.

Our members are concerned with access to this important medical care in rural areas of the state. It is well within our mission:

The mission of the North Dakota Medical Association is to advocate for North Dakota's physicians, to advance the health and promote the well-being of the people of North Dakota

Thank you for the opportunity to testify today. I would be happy to answer any questions.

01/16/2019

SB 2115  
1/16/19  
#6 PJ-1

Testimony to Senate Human Services Committee re: bill SB #2155

Chair Lee and members of the committee:

Thank you for this opportunity to testify today. I am speaking on behalf of the board of directors of the ND Academy of Family Physicians and on behalf of myself in support of SB #2155.

Current state law prohibits the dispensing of medications by nurses. It can be done by physicians and by pharmacists alone due to many legitimate concerns. SB #2155 seeks to address an unintended consequence of current law which occurs in the setting of providing telemedicine care to patients in Title X Family Planning clinics.

The model of care in Family Planning clinics is that a woman can go to the clinic, receive affordable care, and obtain contraceptive medications all at the same visit. This model is intended to care for women who have barriers to receiving women's health care in the traditional doctor's office setting. These barriers include chaotic, sometimes abusive, social situations, lack of financial resources, and fear of lack of privacy to name a few.

The current medical provider shortage in ND has reduced the availability of on-site providers at Family Planning clinics around the state. In order to address this problem, we have attempted to provide some of this care via telemedicine. At these visits, women can have an initial visit and be cleared to receive contraceptive medications. They can receive depot intramuscular injections, but they cannot be given contraceptive pills because the medical provider is not physically present in the room to take the box of pills from the hand of the nursing staff and put them into the hand of the woman.

One purpose of this law is to ensure that patients received appropriate education. The doctor can supply this education via telemedicine at the visit. Another purpose is to ensure that the patient is given the correct medication. Again, the doctor is watching the entire transaction via the video link and can ensure the right meds are given. The current law has become a barrier rather than a protection in this specific setting. Not only does it interfere with women receiving appropriate care, but it patently makes no sense in this scenario. Lastly, since the current providers of tele-health care to Family Planning clinics are residency programs, it interferes with the ability of residency faculty to provide education in how to effectively use telemedicine to give good patient care. This is a skill that we need every opportunity to teach for our future graduates as one of the reasons cited for not providing telemedicine services has been lack of training in residency. We need this bill to help us give our future doctors these skills.

In summary, I understand that current law will still apply to many situations to help protect patient safety. In this setting however, it is an unnecessary barrier to access to care for a vulnerable population. Thus I support SB #2155 as it fixes a specific problem without wholesale changes that themselves may have similar unintended consequences.

Thank you for your attention and your consideration.

Respectfully,



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# 7 B.1



**Kristie Wolff – Executive Director, North Dakota Women’s Network  
Support for SB2155**

**North Dakota Senate Human Services Committee**

January 16, 2019

Chairwoman Lee and members of the Senate Human Services Committee, my name is Kristie Wolff, I am the Executive Director of the North Dakota Women’s Network.

Based on our mission to improve the lives of women, I am here to testify in support of SB2155.

The ability to plan if and when to have children is essential to the well-being of women, and the family unit as a whole. In the United States, the average desired family size is two children. To achieve this family size, a woman must use contraceptive methods for roughly three decades. Adequate and timely access to contraceptives is a vital factor in this process. SB2155 improves timely access to three contraceptive methods, all which have an efficacy rate over 90%.

In the United States alone, more than 2.8 million pregnancies each year are unintended. Unintended pregnancies are associated with delayed prenatal care, fetal exposures to tobacco and alcohol, and poorer health out-comes for newborns, as well as negative economic and social consequences for mothers and their children

Women also seek contraceptives for purposes other than pregnancy prevention. A study by Rachel K. Jones of the Guttmacher Institute found that more than half (58%) of all oral contraceptive users rely on the method, at least in part, for purposes other than pregnancy prevention and that 14% of oral contraceptive users—1.5 million women—rely on them exclusively for non-contraceptive purposes.

The study—based on U.S government data from the National Survey of Family Growth (NSFG)—revealed that after pregnancy prevention, the most common reasons women use the pill include reducing cramps or menstrual pain; menstrual regulation, which for some women may help prevent migraines; treatment of acne; and treatment of endometriosis.

According to data from the Center for Rural Health at the University of North Dakota, even with the unprecedented population growth in the state, many rural areas in ND remain with very

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limited healthcare resources, making Title X clinics an even more important resource for women across our state. As of 2016, 50 of the 53 North Dakota counties are partially, or fully-designated as Health Professional Shortage Areas (HPSA) and/or Medically Underserved areas.

It is vitally important for women, regardless of their socioeconomic status, insurance coverage, geographic location, or reason for seeking contraceptives to have adequate and timely access to affordable FDA-approved contraceptive methods. By passing SB2155, you will help eliminate a barrier that currently exists in ND allowing women this access to these products.

Thank you.

Kristie Wolff

[kristie@ndwomen.org](mailto:kristie@ndwomen.org)

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**Senate Committee  
North Dakota Board of Nursing Testimony  
SB 2155 RN Dispensing Exemption**

Chairperson Lee and members of the Committee. I am Dr. Stacey Pfenning, Executive Director for the North Dakota Board of Nursing.

This testimony provides information pertaining to SB 2155, which intends to provide an exemption under N.D.C.C. Section 43-15-02 for registered nurses to dispense select medications in Title X facilities. According to N.D.C.C. Chapter 43-15, the Pharmacy Practices Act, the definition of dispense or dispensing means “the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner or a nurse licensed under chapter 43-12.1 who is authorized by the practitioner to orally transmit the order that has been reduced to writing in the patient’s record, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual to receive the prescription drug.”

The NDBON and legal counsel have reviewed the proposed legislation as it relates to N.D.C.C. Chapter 43-12, the Nurse Practices Act, and the associated rules found in N.D.A.C. Article 54-05. Upon review, the NDBON determined that dispensing is specifically included within the scope of practice of an advanced practice registered nurse in N.D.A.C. Section 54-05-03.1-10 (5) (regarding authority to prescribe), but is not specifically included within the scope of practice of a registered nurse as set forth in N.D.A.C. Chapter 54-05-02 (regarding standards for the registered nurse). In addition, dispensing is not currently within the registered nurse curriculum.

The NDBON remains neutral on this proposed bill. If SB 2155 is enacted, the NDBON will review its rules to consider how RN dispensing consistent with the exemption provided in SB1255 may be included within an RN scope of practice under N.D.A.C. Chapter 54-05-02 through rule promulgation. The NDBON may also consider educational needs to ensure safe dispensing by RNs.

Please feel free to reach out with questions or concerns.

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

**Senate Bill No 2155 – Exempt Nurse from 43-15-02 Practice of Pharmacy**

Senate Human Services Committee – Red River Room

10:00 AM - Wednesday – January 16, 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 comment on Senate Bill 2155 today. SB 2155 is requesting an exemption from the pharmacy practice act NDCC 43-15-02 relative to dispensing of contraceptives.

The Board of Pharmacy has been in conversations for some time with the Department of Health relating to this issue. We have encouraged legislative action to clarify the authority of registered nurses to be allowed to perform the activities mentioned in this bill in the course of working in a Title X clinic.

While creating an exemption to the practice act to forgo the safety and care that a pharmacist provides is not ideal in our mind. We do see the intention for what it is and understand the need.

Our hope is that they will be properly trained registered nurses that have the knowledge on proper practices, the appropriate records and all the other aspects that we require of our pharmacies to perform while providing pharmaceutical care to our citizens.

Thank you for listening to my testimony and I will be happy to answer any questions.

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Testimony of Howard C Anderson Jr.

Senator of District 8

Chairman Weisz and members of the House Human Services Committee. Thank you for this opportunity to escape the Senate and get back with you. I also want to thank you for scheduling four of the best Senate bills in order, so I can spend the whole afternoon with you.

SB 2155 seeks to solve a problem in our Title X clinics where we have nurses on a regular basis but where the prescriber may not always be present to fulfill the letter of the law and hand out these medications themselves.

There is another alternative being that we could extend telepharmacy to each of the clinics, cross train the nurses as technicians and then a pharmacist could do the dispensing via telepharmacy, as we have done in our eight Human Service Centers.

However, in consultation with the department and the practitioners who serve these patients, we determined that this is the best solution to solve the problem at a reasonable cost. The medication list is very short, very specific and we believe that this will serve the patients and the stated satisfactorily.

You may hear some problems relative to the scope of practice of nurses, but I believe we can leave that to the Board of Nursing to solve.

Thank you.

Good afternoon, Chairman Weisz and members of the Human Services Committee. My name is Cora Rabenberg and I am the Director of the Title X Family Planning Program for the North Dakota Department of Health. I am here today to provide testimony in support of Senate Bill 2155.

For the past 45 years, the North Dakota Department of Health has been the Title X recipient in North Dakota. Title X is the only federal program dedicated solely to the provision of family planning and related preventive health services (e.g., cervical cancer screening, sexually transmitted infection testing). The mission of the North Dakota Title X Program is to assist women and men in understanding and taking responsibility for their reproductive health through education, counselling and medical services.

The North Dakota Department of Health grants funding to ten administering agencies who provide services at twenty sites across the state. In 2017, 7,027 women and men received reproductive health services through the Title X Program. Each of the sites are registered under the 340B Drug Pricing Program which allows safety net providers to obtain discounted outpatient medications. The 340B medications are available on site when ordered by a clinician.

Each agency is reviewed by state staff every three years. This review ensures compliance with federal and state requirements. In 2016, we noted that nurses in Title X sites were following a standing order that allowed them to provide contraceptives to clients when a clinician was not on site. The state staff who was assisting in the site review recalled a March 2015 document from the Executive Director of the North Dakota State Board of Pharmacy which states:

*It is the opinion of the Board of Pharmacy, the Board of Medical Examiners and the Board of Nursing that the actual dispensing cannot be delegated to others... The practitioner must be the one responsible for actual checking of the medication and providing information to the patient, which in their professional opinion, is necessary for the proper utilization of the medication.... A licensed practical nurse or registered nurse may deliver the medication to the patient after approval by the prescriber. The full document is included as an attachment.*

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Immediately following this discovery, the North Dakota Department of Health Title X Program notified the agencies and instructed nursing staff to stop the practice of dispensing medications. This change in practice did not affect the service sites that have a clinician on site every day. However, several of the smaller service sites do not have a clinician on site every day. As a result, these sites are no longer able to provide clients with timely access to contraception, which increases the risk of unintended pregnancy.

In problem solving this challenge, utilization of telemedicine has been determined to be the timeliest and most cost-effective solution for providing contraceptives to clients; however, nurses would still not be able to dispense the prescribed medication. Passage of this bill would allow nurses to dispense contraceptives to new clients based on an order from a clinician during a telemedicine visit. In addition, nurses would be able to dispense contraceptive refills to established clients based on an existing clinician order.

When women and their partners have access to contraceptive methods, they are better able to plan and space their births. This leads to positive health, social and economic outcomes for women, families and society.

This concludes my presentation. I am happy to answer any questions you may have.

March 2015

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## ADMINISTRATIVE GUIDELINES FOR PRACTITIONER DISPENSING IN NORTH DAKOTA

These guidelines are intended to apply to practitioners who in North Dakota include: physicians, physician assistants and nurse practitioners, as well as others authorized to prescribe or dispense, who may find themselves in similar circumstances.

Let us begin by saying; physicians are exempt from the pharmacy practice statutory requirements under North Dakota Century Code (NDCC) 43-15-02. Exemptions - *"A duly licensed practitioner of medicine supplying the practitioner's own patients with such remedies as the practitioner may desire."* And North Dakota Administrative Code (NDAC) 61-04-02-01 – *The exemption contained in subsection 1 of NDCC 43-15-02 for a duly licensed practitioner of medicine supplying the practitioner's own patients with such remedies as the practitioner may desire shall exempt such practitioners who dispense remedies as an incident to the practice of their profession for a patient's immediate needs, which would be those drugs required for a seventy-two hour time period, full course of antibiotic treatment, starter pack of pre-packaged medications, or up to a ten day supply of initial therapy of maintenance medication that should be started immediately, but shall not exempt such a practitioner who regularly engages in dispensing such remedies to the practitioner's patients for which such patients are charged either separately or together with charges for other professional services, from recordkeeping, dispensing, labeling, counseling as required by NDCC 43-15-31.2, patient profile system as required by NDCC 43-15-31.1, and all other requirements of the practice of pharmacy as set forth in this chapter or by federal and state laws as they pertain to the regulation of practice of pharmacy. Documented charts shall meet the requirements of the patient profile system."*

For the purposes of these guidelines, we will also assume, though not specifically mentioned or addressed, the exemption will include physician assistants and nurse practitioners subject to any guidelines which might be imposed by their respective licensing Boards, the Board of Medical Examiners or the Board of Nursing, and of course always limited by appropriate scope of practice considerations, as with all other healthcare practice activities.

When the practitioner is doing the dispensing, he or she is responsible for the proper labeling of the medication and the patient information which is necessary for the patient's safe use of the medication, and for the proper recordkeeping. Record keeping is usually accomplished by adequate entries in the patient's chart.

It is the opinion of the Board of Pharmacy, the Board of Medical Examiners and the Board of Nursing that the actual dispensing cannot be delegated to others. Although, others may certainly help with activities such as filling out paperwork, obtaining the medication, preparing and affixing the proper label, etc. The practitioner must be the one responsible for actual checking of the medication and providing information to the patient, which in their professional opinion, is necessary for the proper utilization of the medication. Interactions with other medications the patient may be using is part of this patient information, as well as the proper dosage, duration of therapy, side effects to be expected, what to do if doses are missed and what to expect from the use of the medication. A licensed practical nurse or registered nurse may deliver the medication to the patient after approval by the prescriber.

If individual practitioners feel that there is a necessity to vary this policy, they should contact their respective Board and ask for a review of these guidelines.

Additional questions may be directed to the Board of Pharmacy, the Board of Medical Examiners or Board of Nursing.

Mark J Hardy, Pharm D  
Executive Director  
ND State Board of Pharmacy



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Testimony SB 2155

February 27, 2019

Good Morning Chairman Weisz and members of the Human Services Committee. My name is Robin Iszler; I am the administrator at Central Valley Health District the local public health department located in Jamestown North Dakota. Since 1972 our agency has had a Title X program. Funding for the program comes from the ND Department of Health through a grant from the Federal government. I am here in support for SB 2155.

Our agency employs a nurse practitioner and nurses to provide Title X and related health services in Jamestown, Carrington and Valley City. Clients from around our region which includes the counties of Wells, Foster, Dickey, LaMoure, McIntosh, Barnes, Logan and Stutsman, travel to our clinic sites to receive services which are based on a sliding fee schedule according to their income and family size.

We participate in the 340B drug pricing program mentioned earlier and we appreciate being able to offer our clients medications at a discounted rate. In order to determine the medication a client needs, clients are seen by the nurse practitioner for a comprehensive wellness exam. SB 2155 will allow nurses in the Title X agencies to dispense medications on the days when the nurse practitioner or physician are not at the clinic site.

In 2016, we were notified by the Department of Health Family Planning Program Director that only the provider could dispense medications, our agency and the others needed to change the way we provide services to our clients. This change has presented challenges especially when the provider is only available on a biweekly or monthly basis. Let me give you some examples of the challenges from my colleagues across North Dakota.

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- A client calls for a refill of medication and she needs the medication that day. The nurse practitioner/provider was just at the clinic last week, and will not be back at the clinic for another 3 weeks, the client's chart contains the order for the medication prescribed, the clinic has the medication, but because there is no provider in the building, the nurse cannot dispense the medication to the client – *Richland County Family Planning*.
- A college student needs an exam and has scheduled one for when the provider is in the clinic, but needs a refill today to continue the medication until the appointment. Again, the nurse cannot provide the medication to the client because there is no provider at the clinic – *Richland County Family Planning*.
- In some areas the client base is 75% American Indian; they choose not to use IHS (Indian Health Service). They live out of town, and face the challenges of both transportation and scheduling difficulties. These clients need the clinic to be able to deliver services at their convenience – *Lake Region Family Planning, Devils Lake*.
- Oftentimes, clients do delay their prescription requests until the immediate need for medication arises. Clinics serve a social-economic group that cannot or will not utilize private sector health care to prevent unwanted pregnancy. Waiting for practitioner/provider availability increases the risk for unplanned pregnancy – *Lake Region Family Panning, Devils Lake*.
- Clinics find it is not cost effective to pay the practitioner (\$50/hr.) to drive into town to dispense the medication to the client when the client is unable to stop during the practitioner clinic hours. Title X dollars should be spent wisely, and

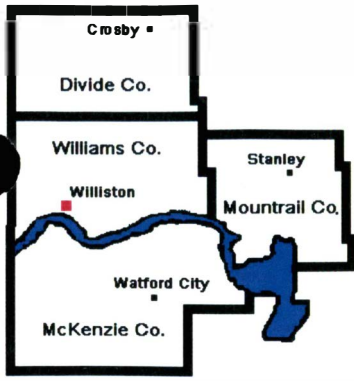
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this legislation would help stretch these dollars to better benefit clients – *Lake Region Family Planning, Devils Lake.*

- The Dickinson program (Community Action Family Planning) provides services in eight southwest counties: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark. Many of the clients have limited access to a pharmacy and they travel a long distance for services. The current situation causes access issues for clients to receive timely services.

I hope these examples help to show the need for SB 2155. This bill is limited to only Title X clinics and the licensed trained nursing staff that are employed within. I hope you will support this bill to help increase access to reproductive medications throughout our state.

This concludes my testimony. I am happy to answer questions you may have.



# Upper Missouri District Health Unit

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*"Your Public Health Professionals"*

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**MCKENZIE COUNTY**

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**MOUNTRAIL COUNTY**

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Williston, ND 58801-6056  
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Fax 701-577- 8536  
Toll Free 1-877-572-3763

Senate Bill 2155  
2:00 p.m., February 27, 2019

Good Afternoon, Chairman Weisz and members of the House Human Services Committee.

I am Kathy Stenson RN BSN, Title X Delegate Director for Upper Missouri District Health Unit. Our agency provides services in Divide, McKenzie, Mountrail and Williams Counties.

As part of the Title X federal program, the goal of our agency is to provide accessible low cost, high quality reproductive healthcare to our population. Our region of Northwest North Dakota has few low cost options for this care. As a Title X agency we are able to charge on a sliding fee scale for services and medications. Many of our clients have high deductible or no insurance and often minimal household income. We are gap fillers for area clinics, as we get many referrals to provide more affordable healthcare options for people.

In the past we have been able to provide access to contraceptive options to those seeking it in a timely manner. That changed greatly in 2016, when nurses in Title X clinics were no longer allowed to dispense contraceptives without a practitioner in the clinic. As with several Title X clinics, we have a practitioner in our clinic on a limited basis. Our ability to provide access to reproductive healthcare has been impacted and we have seen the adverse effect in our client numbers and unintended outcomes.

Just two examples include two teenage females, age 15 and age 16, whom had to wait for appointments with our practitioner to have access to contraceptives. By the time the

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practitioner saw them in the clinic, both had unintended pregnancies. UMDHU was unable to help them make responsible decisions regarding their reproductive health and avoid negative outcomes due to policy which created a barrier to service.

Our Title X nurses are well trained in providing education and counseling in all aspects of reproductive health. I hope you will approve this bill to allow Title X nurses to dispense contraceptives, as we previously had for many years, without a practitioner in the clinic. This will help us reach our goal of accessible low cost, quality reproductive health care that has a positive impact on our communities.

Kathy Stenson RN BSN  
Title X Delegate Director  
Upper Missouri District Health Unit  
701-774-6400  
kstenson@umdh.org

NORTH  DAKOTA  
Public Health Association

PO Box 7282 ♦ Bismarck, ND ♦ 58507-7282

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Dear Representative Robin Weisz:

The ND Public Health Association supports SB 2155. This bill will increase access for clients participating in Title X clinics across North Dakota by allowing nurses to provide birth control pills, patches and rings to clients when a medical provider is not in the clinic.

Title X clinics have been providing services in North Dakota since the early 1970's. These clinics provide low cost medications, education, counseling and exams to many clients in North Dakota, especially in rural areas. Nurses in these clinics assist clients in making healthy choices and help prevent unwanted pregnancies.

We hope that this bill will receive a do pass recommendation to help improve access to much needed services in North Dakota.

Most Sincerely,

North Dakota Public Health Association

***“The mission of NDPHA is to improve, promote, and protect health for residents of North Dakota through leadership in policy, partnerships, and best practices.”***

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**Kristie Wolff – Executive Director, North Dakota Women’s Network  
Support for SB2155**

**North Dakota House Human Services Committee**

February 27, 2019

Chairman Weisz and members of the House Human Services Committee, my name is Kristie Wolff, I am the Executive Director of the North Dakota Women’s Network.

Based on our mission to improve the lives of women, I am here to testify in support of SB2155.

The ability to plan if and when to have children is essential to the well-being of women, and the family unit as a whole. In the United States, the average desired family size is two children. To achieve this family size, a woman must use contraceptive methods for roughly three decades. Adequate and timely access to contraceptives is a vital factor in this process. SB2155 improves timely access to three contraceptive methods, all which have an efficacy rate over 90%.

In the United States alone, more than 2.8 million pregnancies each year are unintended. Unintended pregnancies are associated with delayed prenatal care, fetal exposures to tobacco and alcohol, and poorer health out-comes for newborns, as well as negative economic and social consequences for mothers and their children

Women also seek contraceptives for purposes other than pregnancy prevention. A study by Rachel K. Jones of the Guttmacher Institute found that more than half (58%) of all oral contraceptive users rely on the method, at least in part, for purposes other than pregnancy prevention and that 14% of oral contraceptive users—1.5 million women—rely on them exclusively for non-contraceptive purposes.

The study—based on U.S government data from the National Survey of Family Growth (NSFG)—revealed that after pregnancy prevention, the most common reasons women use the pill include reducing cramps or menstrual pain; menstrual regulation, which for some women may help prevent migraines; treatment of acne; and treatment of endometriosis.

According to data from the Center for Rural Health at the University of North Dakota, even with the unprecedented population growths in the state, many rural areas in ND remain with very

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limited healthcare resources, making Title X clinics an even more important resource for women across our state. As of 2016, 50 of the 53 North Dakota counties are partially, or fully-designated as Health Professional Shortage Areas (HPSA) and/or Medically Underserved areas.

It is vitally important for women, regardless of their socioeconomic status, insurance coverage, geographic location, or reason for seeking contraceptives to have adequate and timely access to affordable FDA-approved contraceptive methods. By passing SB2155, you will help eliminate a barrier that currently exists in ND allowing women access to these products.

Thank you.

Kristie Wolff

[kristie@ndwomen.org](mailto:kristie@ndwomen.org)





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**House Human Services Committee**  
**SB 2155**  
**February 27, 2019**

Chairman Weisz and Committee Members, I am Courtney Koebele and represent the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA supports SB 2155.

This bill would allow registered nurses working in Title X Family Planning Clinics to dispense contraceptive pills, rings or patches to a patient after an order from a clinician. Family Planning clinics stock contraceptives on site and offer them to patients at a discounted rate. Right now, registered nurses cannot dispense these medications to patients because it is against the pharmacy law. This bill would make an exception for registered nurses working in Title X clinics.

Our members are concerned with access to this important medical care in rural areas of the state. It is well within our mission:

The mission of the North Dakota Medical Association is to advocate for North Dakota's physicians, to advance the health and promote the well-being of the people of North Dakota

Thank you for the opportunity to testify today. I would be happy to answer any questions.

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**House Human Services  
North Dakota Board of Nursing Testimony  
SB 2155 RN Dispensing Exemption**

Chairman Weisz and members of the Committee. I am Dr. Stacey Pfenning, Executive Director for the North Dakota Board of Nursing.

This testimony provides information pertaining to SB 2155, which intends to provide an exemption under N.D.C.C. Section 43-15-02 for registered nurses to dispense select medications in Title X facilities. According to N.D.C.C. Chapter 43-15, the Pharmacy Practices Act, the definition of dispense or dispensing means “the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner or a nurse licensed under chapter 43-12.1 who is authorized by the practitioner to orally transmit the order that has been reduced to writing in the patient’s record, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual to receive the prescription drug.”

The NDBON and legal counsel have reviewed the proposed legislation as it relates to N.D.C.C. Chapter 43-12, the Nurse Practices Act, and the associated rules found in N.D.A.C. Article 54-05. Upon review, the NDBON determined that dispensing is specifically included within the scope of practice of an advanced practice registered nurse in N.D.A.C. Section 54-05-03.1-10 (5) (regarding authority to prescribe), but is not specifically included within the scope of practice of a registered nurse as set forth in N.D.A.C. Chapter 54-05-02 (regarding standards for the registered nurse). In addition, dispensing is not currently within the registered nurse curriculum.

The NDBON remains neutral on this proposed bill. If SB 2155 is enacted, the NDBON will review its rules to consider how RN dispensing consistent with the exemption provided in SB1255 may be included within an RN scope of practice under N.D.A.C. Chapter 54-05-02 through rule promulgation. The NDBON may also consider educational needs to ensure safe dispensing by RNs.

Please feel free to reach out with questions or concerns.

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

**Senate Bill No 2155 – Exempt Nurse from 43-15-02 Practice of Pharmacy**

House Human Services Committee – Fort Union Room  
2:00 PM - Wednesday – February 27, 2019

Chairman Weisz, members of the House Human Services Committee 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 comment on Senate Bill 2155 today. SB 2155 is requesting an exemption from the pharmacy practice act NDCC 43-15-02 relative to dispensing of contraceptives.

The Board of Pharmacy has been in conversations for some time with the Department of Health relating to this issue. We have encouraged legislative action to clarify the authority of registered nurses to be allowed to perform the activities mentioned in this bill in the course of working in a Title X clinic.

While creating an exemption to the practice act to forgo the safety and care that a pharmacist provides is not ideal in our mind. We do see the intention for what it is and understand the need.

Our hope is that they will be properly trained registered nurses that have the knowledge on proper practices, the appropriate records and all the other aspects that we require of our pharmacies to perform while providing pharmaceutical care to our citizens.

Thank you for listening to my testimony and I will be happy to answer any questions.