

# MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2140

2001 SENATE INDUSTRY, BUSINESS AND LABOR

SB 2140

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2140

Senate Industry, Business and Labor Committee

☐ Conference Committee

Hearing Date January 16, 2001.

Tape Number	Side A	Side B	Meter #
2	x		35.8 to end
(1/24) 2		x	35.2 to 39.6
Committee Clerk Signature <i>Don E. Perez</i>			

Minutes:

The committee was called to order. All members present. The hearing was opened on SB 2140  
Relating to limited prescriptive practices of pharmacists.

HOWARD C. ANDERSON, Executive Director, ND State Board of Pharmacy. In favor of the  
bill. Written testimony attached. Submitted a substitute amendment .

KAREN M. FINCK, Registered Pharmacist. In favor of the bill. Currently the word  
"institutional" limits the patient and the pharmacist because services cannot be provided outside  
of the hospital in collaborative agreement with a physician.

JOHN OLSON, ND Board of Medical Examiners. Support the bill and the amendment.

DAVID PESKE, ND Medical Association, Neutral on this bill feel more comfortable with the  
amendment provided by Howard Anderson.

SENATOR KREBSBACH motion to accept amendment. SENATOR ESPEGARD: seconded.

Roll call vote: 7 yes; 0 no Motion carried.

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Senate Industry, Business and Labor Committee  
Bill/Resolution Number SB 2140  
Hearing Date January 24, 2001

January 24, 2001. Tape 2-B-35.2 to 39.6

Committee reconvened. Discussion held.

SENATOR KREBSBACH moved do pass as amended. SENATOR ESPEGARD seconded.

Roll call vote: 7 yes; 0 no. Carrier: SENATOR ESPEGARD

Date: Jan 17/2001  
Roll Call Vote #: 1

**2001 SENATE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. 2140**

## Senate Industry, Business and Labor

## Committee

☐ Subcommittee on \_\_\_\_\_  
or  
☐ Conference Committee

**Legislative Council Amendment Number**

Action Taken Accept Amendment

Motion Made By Len Espigard Seconded  
By Sam Klein

[illegible]

Total (Yes) 7 No 0

Absent 0

## Floor Assignment

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

To insert physician clinic

Date: 1/24/01  
Roll Call Vote #: 1

**2001 SENATE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. *SB 2140***

Senate	Senate Industry, Business and Labor	Committee
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☐ Subcommittee on \_\_\_\_\_  
or  
☐ Conference Committee

Legislative Council Amendment Number

Action Taken DPAA

Motion Made By S Krebsbach Seconded By S Espenrud

[illegible]

Total (Yes) 7 No 0

Absent 0

Floor Assignment S. Espeland

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

**REPORT OF STANDING COMMITTEE**

**SB 2140: Industry, Business and Labor Committee (Sen. Mutch, Chairman) recommends AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2140 was placed on the Sixth order on the calendar.

Page 1, line 6, remove the overstrike over "~~in an institutional setting~~"

Page 1, line 9, remove the overstrike over "~~An institutional setting, for the purpose of this~~"

Page 1, line 10, remove the overstrike over "~~section, is a hospital,~~" and insert immediately thereafter "a physician clinic," remove the overstrike over "~~a skilled nursing facility, or a swing bed facility,~~" and remove "This practice"

Page 1, line 11, remove "may only take place in a location"

Renumber accordingly

2001 HOUSE HUMAN SERVICES

SB 2140



## 2001 HOUSE STANDING COMMITTEE MINUTES

### BILL/RESOLUTION NO. SB 2140

House Human Services Committee

☐ Conference Committee

Hearing Date February 13, 2001

Tape Number	Side A	Side B	Meter #
Tape 1		X	1080 to 1880
Committee Clerk Signature <i>Cornie Easton</i>			

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig.

Chairman Price: Open hearing on SB 2140.

Howard Anderson: Executive Director of the N.D. State Board of Pharmacy. (See written testimony.) This bill came about in the discussion between the Board of Medicine and the Board of Pharmacy when reviewing some collaborative agreements for a pharmacist in the Altru hospital system. They have an anticoagulation clinic there which operated through the pharmacy and the lab does the test and the pharmacy has been doing some finger stick test and working with patients to adjust their medication doses. The statute we have in place now using institutional setting as language in the definition doesn't include the opportunity to do that with outpatients, so the two groups decided we would work together and try to develop some language

that would allow the pharmacist and physician who wanted to do this to facilitate that. We added from the Senate side in the first engrossed bill as amended which includes "physician/clinic in the definition of institutional setting" which would allow the things we were being asked for by the physicians and the pharmacists who came to us with those collaborative agreements.

Basically, this will allow the current collaborative agreement statute rules which we have in place to be utilized and for those outpatients who come into the clinic as well as if they would have been in a hospital or nursing home that we allowed before.

Galen Jordre: Executive Vice President of the N.D. Pharmaceutical Association. (See written testimony.) We are here in support of SB 2140 because of the changing practices of pharmacy and medicine are relying more on collaborative models to provide care to patients. These changes are creating large shifts from inpatient care to care provided in the outpatient setting. It will serve patients by offering them the opportunity to receive care in a convenient setting under the joint direction of their physician and pharmacist. It is another logical step in the advancement of pharmacist collaborative practice that will produce better patient outcomes through improved medication therapy management.

Karen Finck: Hospital Pharmacist. I ask you for passage of this legislation. For the past 7 to 10 years I have developed a lot of patient education programs within the hospital where I work. I work with physicians to develop programs on cumadin and other medications. A lot of these programs we do everything we can internally. With this restriction I am really limited to what I can do, because my hospital is not affiliated with any of the physician clinics in town. I can't go behind my wall. I can't take these programs to the physicians. I have taken continued education and medical exams to prove that I am confident in these areas. I have had physicians ask me to

Page 3  
House Human Services Committee  
Bill/Resolution Number SB 2140  
Hearing Date February 13, 2001

come over and give consultation, but I can't because of this restriction "limiting to an institution".

Chairman Price: Close hearing on SB 2140.

**REP. PORTER: Motioned for a DO PASS.**

**REP. METCALF: Second.**

**13 YES 0 NO 1 ABSENT CARRIED BY REP. CLEARY**

Date:  
Roll Call Vote #:

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. **SB 2140**

House Human Services Committee

☐ Subcommittee on \_\_\_\_\_  
or  
☐ Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do Pass

Motion Made By Rep Porter Seconded By Rep. Metcalf

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary	✓	
Rep. William Devlin, V, Chairman	✓		Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemeier		
Rep. Pat Galvin	✓		Rep. Sally Sandvig	✓	
Rep. Frank Klein	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Wayne Tieman	✓				
Rep. Dave Weiler	✓				
Rep. Robin Weisz	✓				

Total (Yes) 13 No 0

Absent 1

Floor Assignment Rep Cleary

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

**REPORT OF STANDING COMMITTEE (410)**  
**February 13, 2001 3:59 p.m.**

**Module No: HR-26-3256**  
**Carrier: Cleary**  
**Insert LC: . Title: .**

**REPORT OF STANDING COMMITTEE**  
**SB 2140, as engrossed: Human Services Committee (Rep. Price, Chairman)**  
**recommends DO PASS (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING).**  
**Engrossed SB 2140 was placed on the Fourteenth order on the calendar.**

2001 TESTIMONY

SB 2140



**Board of Pharmacy**  
STATE OF NORTH DAKOTA  
EDWARD T. SCHAFER, Governor

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Hettinger  
WILLIAM J. GROSZ, Sc.D., R.Ph.  
Wahpeton, Treasurer  
HOWARD C. ANDERSON, Jr., R.Ph.  
Turtle Lake, Executive Director

**SENATE BILL 2140**  
**INDUSTRY, BUSINESS AND LABOR COMMITTEE**  
**TUESDAY - JANUARY 16, 2001 - 11:00 AM - ROOSEVELT PARK ROOM**

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Chairman Mutch, members of the Industry, Business and Labor Committee for the record I am Howard C. Anderson, Jr., R.Ph., Executive Director of the North Dakota State Board of Pharmacy.

This Bill was introduced as a result of a discussion between the Board of Medical Examiners and the Board of Pharmacy relative to Grand Forks and Jamestown Clinics, which, desired their clinical pharmacists to have collaborative agreements to modify the Coumadin or warfarin doses for patients who came in to have their protime tested and they were not within the guidelines the physician had set. The pharmacist could modify those dosages at the time the patient was there, council the patient immediately and correct the dosage without the necessity to schedule an additional clinic visit. Under our collaborative agreement rules, those modifications would always be communicated to the physician within twenty-four hours. Except, with a few cases like on weekends and holidays.

As you see the collaborative agreement Bill now in force restricts those collaborative practices to institutional settings and the definition of institutional setting does not include an outpatient clinic. Consequently, those collaborative agreements for outpatients could not be approved. As a practical matter, most of these patients are seen on an outpatient basis and in order to improve the timeliness of their care, physicians were willing to work with the pharmacists to provide this service on an outpatient basis, as they have been doing on the inpatient side.

Offered by

**SUBSTITUTE AMENDMENT**

The North Dakota State Board of Pharmacy

1 A BILL for an Act to amend and reenact subsection 1 of section 43-15-31.4 of  
2 the North Dakota Century Code, relating to limited prescriptive practices of  
3 pharmacists.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA**

5 **SECTION 1. AMENDMENT.** Subsection 1 of section 43-15-31.4 of the  
6 1999 Supplement of the North Dakota

7 1. A licensed pharmacist in an institutional setting has limited prescriptive  
8 practices to initiate or modify drug therapy following diagnosis and initial  
9 patient assessment by a licensed physician, under the supervision of the  
10 same licensed physician, in accordance with this section. An institutional  
11 setting, for the purpose of this section, is a hospital, a physician clinic, a  
12 skilled nursing facility, or a swing bed facility in which a patient's  
13 medical records are readily available to the licensed physician and the  
14 licensed pharmacist.



## *Proposed Changes to Limited Prescriptive Practices* **FACT SHEET**

### What DOES Collaborative Agreements between Pharmacists and Physicians in 'any setting' do?

- ✓ Will allow for pharmaceutical case management for at risk-patients requiring special monitoring to occur where the need is specified.
- ✓ Will be physician directed at all times. Will require patients to see their primary care physician a minimum of ONCE a year.
- ✓ Is a voluntary agreement for management of drug therapy between a physician and pharmacists.
- ✓ Is currently conducted in 26 other states.
- ✓ Has been available in the state of Washington since 1979 and not ONE documented bad outcome in these collaborative agreements.
- ✓ Is overseen by the Medical Board and the Board of Pharmacy.
- ✓ Is a way to identify patients not being followed up on, as well as improve patient compliance and DECREASE costs of drug therapy.

### What does Collaborative Agreements between Physicians and Pharmacists in any setting NOT do?

- ✓ Does NOT give R.Ph. independent prescribing authority.
- ✓ Does NOT diminish MD's authority.
- ✓ Does NOT require every MD to participate (is voluntary)
- ✓ Does not affect patient choice (pt have a choice)
- ✓ Is not required for reimbursement

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GALEN JORDRE, R.Ph.

Executive Vice President

# North Dakota Pharmaceutical Association

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Testimony on SB 2140  
House Human Services Committee  
February 13, 2001

Galen Jordre, R.Ph. – Executive Vice President

The reason that Senate Bill 2140 is before you is because the changing practices of pharmacy and medicine are relying more on collaborative models to provide care to patients. These changes are creating large shifts from inpatient care to care provided in the outpatient setting. When pharmacist collaborative practice was first enacted by the legislature in 1995, inpatient care was the norm. Today, with the use of new medications and monitoring procedures, more cost effective and less invasive care is provided in the outpatient setting.

The addition of physician clinics to the list of sites where pharmacist collaborative practice is allowed will enable pharmacists and physicians to apply successful inpatient practice protocols to the outpatient setting. All the safeguards of the application process through the Board of Medical Examiners and Board of Pharmacy will remain in place. The requirement of physician sponsorship and final authority is not changed. The essential requirement that the medical record be accessible to both the pharmacist and physician will be maintained in the outpatient setting. The only thing that will change will be the addition of a new site for this practice.

In the years since pharmacist collaborative practice was first authorized, all students from the NDSU College of Pharmacy have graduated with the six-year doctorate degree. Collaborative practice has expanded across the country and a large number of highly successful training programs and protocols have been developed. Disease state management has been recognized as an effective modality to improve care and moderate costs. Passage of SB 1240 will send a message to pharmacists that their training is valuable and will spawn new initiatives to improve patient care.

The North Dakota Pharmaceutical Association asks for your vote in favor of this legislation. It will serve patients by offering them the opportunity to receive care in a convenient setting under the joint direction of their physician and pharmacist. It is another logical step in the advancement of pharmacist collaborative practice that will produce better patient outcomes through improved medication therapy management.

## *Proposed Changes to Limited Prescriptive Practices* **FACT SHEET**

### What DOES Collaborative Agreements between Pharmacists and Physicians in institutional and 'a clinic setting' do?

- ✓ Will allow for pharmaceutical case management for at risk-patients requiring special monitoring to occur where the **need** is specified.
- ✓ Will be physician directed at all times. Will require patients to see their primary care physician a minimum of **ONCE** a year.
- ✓ Is a voluntary agreement for management of drug therapy between a physician and pharmacists.
- ✓ Is currently conducted in 26 other states.
- ✓ Has been available in the state of Washington since 1979 and not **ONE** documented bad outcome in these collaborative agreements.
- ✓ Is overseen by the Medical Board and the Board of Pharmacy.
- ✓ Is a way to identify patients not being followed up on, as well as improve patient compliance and **DECREASE** costs of drug therapy.

### What does Collaborative Agreements between Physicians and Pharmacists in an institutional and 'a clinic setting' NOT do?

- ✓ Does **NOT** give R.Ph. independent prescribing authority.
- ✓ Does **NOT** diminish MD's authority.
- ✓ Does **NOT** require every MD to participate (is voluntary)
- ✓ Does not affect patient choice (pt have a choice)
- ✓ Is not required for reimbursement

## **Ev Quigley**

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**From:** Robert Biberdorf  
**Sent:** Tuesday, March 06, 2001 8:30 AM  
**To:** Ev Quigley  
**Subject:** Legislative Update

Ev:

This is the latest update I have on the pharmacy related legislative issues:

On the legislature's first day back from crossover final action was taken on four pharmacy bills. We are happy to report that all bills passed and will now go to Governor Hoeven for signature.

In the House:

SB 2140 - Pharmacist Prescriptive Authority (Passed 96 - 0) This bill will expand pharmacist collaborative authority to clinic settings.

SB 2350 - Pharmacist Administration of Medications (Passed 94 - 0) This bill authorizes pharmacists to provide immunizations by order or protocol; SubQ, IM, and Intradermal injections by order from a physician or nurse practitioner.

In the Senate

HB 1096 - Related to the Practice of Pharmacy (Passed 46 - 0) This bill updates controlled substance schedules to be in harmony with federal schedules and allows pharmacies to accept faxed controlled substance prescriptions in long term care and hospice settings without getting an additional signature.

HB 1365 - Uniform Prescription Information Cards (Passed 46 - 0) This bill requires insurance companies, PBMs, and TPAs to issue prescription information cards that meet NCPDP standards.

The NDPhA and Board of Pharmacy will now provide information to Governor Hoeven to obtain his signature for these bills. The NDPhA will also be watching the Senate Appropriations Committee where HB 1012 (Human Services Appropriation) is now being heard. It is anticipated that the Medical Services portion will be heard on Monday, March 5. Right now the Human Services budget is several million dollars short and money will be found or some cuts will be made.

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HOWARD C. ANDERSON, Jr., R.Ph.  
Turtle Lake, Executive Director

**SENATE BILL 2140**  
**HOUSE HUMAN SERVICES COMMITTEE**  
**TUESDAY - FEBRUARY 13, 2001 - 10:45 AM - FORT UNION ROOM**

Chairman Price, members of the House Human Services Committee for the record I am Howard C. Anderson, Jr., R.Ph., Executive Director of the North Dakota State Board of Pharmacy.

This Bill was introduced as a result of a discussion between the Board of Medical Examiners and the Board of Pharmacy relative to collaborative agreement requests from Grand Forks Clinic Pharmacists/Physicians and Jamestown Clinic Pharmacists/Physicians. These Pharmacists/Physicians were working together on the inpatient side to allow clinical pharmacists to modify the Coumadin or warfarin doses for patients who came in to have their protime tested and the results were not within the guidelines the physician had set. The pharmacist could modify those dosages at the time the patient was there, counsel the patient immediately and correct the dosage without the necessity to schedule an additional clinic visit. These additional clinic visits would often be at a later date and required the patient to return. Allowing collaborative agreements in these outpatient settings would provide more timely patient care, with the patient able to go home with the adjusted dosage and an accurate prescription label on their medication, without the necessity of waiting to have their medication adjusted.

Under our collaborative agreement rules, those modifications would always be communicated to the physician within twenty-four hours. Some exceptions could occur in a few cases such as on weekends and holidays.

As you see the collaborative agreement legislation now in force restricts those collaborative practices to institutional settings and the definition of institutional setting does not include an outpatient clinic. Consequently, those collaborative agreements for outpatients could not be approved. As a practical matter, most of these patients are seen on an outpatient basis and in order to improve the timeliness of their care, physicians were willing to work with the pharmacists to provide this service on an outpatient basis, as they have been doing on the inpatient side.

We encourage your support of this Bill as a step in the right direction for patient care.