

North Dakota 2008 Legislative Council  
Industry, Business, and Labor Committee  
Testimony regarding Pharmacy Ownership  
August 21, 2008

Chairman Berg and members of the Industry, Business, and Labor Committee:

My name is Susan M. Schnase. I am a registered pharmacist and the manager of Outpatient Pharmacy Services for MeritCare Health System in Fargo, North Dakota.

Thank you for the opportunity to discuss the pharmacy ownership law.

The health system I work with is committed to delivering exceptional and comprehensive care to the patients we serve. We are a not-for-profit, mission driven health care facility. Our organization is accredited by the Joint Commission. This accreditation includes all of pharmacy services, including our retail pharmacies.

Our health system employs registered pharmacists in numerous areas of diverse practice including retail, critical care, oncology, pediatrics, cardiology and many others disciplines. Each day the care of patients includes the expertise of the qualified pharmacy staff we employ. Yet, there are times that we are not able to provide retail services to patients when they entrust us with their care. Let me share an example. One of our facilities encompasses a hospital, walk-in clinic, dialysis center and several other services. There is a hospital pharmacy at this location. The pharmacy at this location is permitted by their licensure to provide pharmaceutical care, including prescription dispensing, to our hospital patients and employees, but prescription dispensing is not allowed to patients seen in the walk in clinic if there are community pharmacies open with a retail license. If patients present at the pharmacy department to receive prescriptions, this pharmacy is able to dispense prescriptions and provide consultations to a patient only if they are being discharged from our hospital or are employees of the health system. However, if a person has been seen in our walk-in clinic and it is during 'normal business hours', we are not able to process that prescription. The prescription presented by a patient in any of these scenarios-hospital discharge, employee or walk-in clinic-could be for the exact same medications. As you can see, this is a difficult and unfair position for the pharmacist and equally, if not more difficult, for a walk-in patient to understand. If this patient would present at the same pharmacy when other retail pharmacies are not available, we are then permitted to fill the prescription to meet the medication needs of this patient. This example should clearly demonstrate how the current law is not serving our profession and most importantly, our patients, the citizens of this state.

Pharmacists and pharmacies within the state of North Dakota are licensed by our Board of Pharmacy. Each pharmacist and pharmacy is held to the same standards by our Board.

Why it is then, that dependent on where we practice, that we are limited to provide care by the very Board that credentials us to do so?

I strongly support a repeal of the ownership law.

Chairman Berg and members of the committee, thank you for receiving my comments. I would be happy to respond to any questions.