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Senate Bill No 2221 – Definitions – Immunization and Vaccination

Senate Human Services Committee – Sakakawea Room
10:30 AM - Wednesday – January 27th, 2021

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 be here to speak to you today about Senate Bill 2221 and offer our support of the provisions in this bill.

Provisions of this bill enact the changes that were authorized under Federal HHS PREP Act declarations, authorizing Pharmacists to further engage in immunizations and vaccinations to the public. Making permanent the Executive Order authorization of Emergency Pharmacy Practice. Lastly, it allows the Board of Pharmacy to develop limited prescriptive authority through statewide protocols for public health issues identified.

First on page 1 of the bill changes the Definition of “Administration” allowing pharmacists to provide immunizations, vaccinations, and injections to individuals three years of age or older. Pharmacists are increasingly called upon as one of the most accessible health professionals in the State, to assist patients with their injections and other administrations. Evidence of the necessity of this has been demonstrated during the current pandemic where other healthcare professionals were being overwhelmed and pharmacists were able to assist with the vaccination delivery.

Good examples of this are patients receiving insulin injections for the first time, various inhalers, or ongoing administration of medications which the patient is not comfortable self-administering. As you may be aware, Pharmacists are intimately trained in their education, through the Doctor of Pharmacy Programs on providing injections and other administrations. They are considered drug experts in ensuring that the optimal therapeutic pharmaceutical outcomes are assured for their patients. We need pharmacists engaged in these activities for patients to be successful in their regimens.

Page 3 line 28 begins the “Emergency pharmacy practice” definition change. This correlates with the Executive Order 2020-09 that the profession of Pharmacy requested during the pandemic to allow pharmacists to assist patients with their needs to maintain their therapies when the provider was temporarily unavailable to obtain refill authorizations.

The current 72-hour standard presents a number of challenges operationally for a pharmacy, as well as can put the patient’s care at risk, when the provider is not able to respond in a timely fashion. A scenario pharmacists often experience are patients who run out of their insulin

medication on a Friday and we are not able to obtain a refill authorization from the prescriber, which would force the patient to either go without or go to an emergency care center at that point.

It is important that the parameters listed in that section frame the pharmacist's professional discretion on this. While this practice is very limited, it represents a very important allowance by safe-guarding the wellbeing of the patient by ensuring that their medication therapy is not unintentionally interrupted and can also bridge gaps for patients during an emergency or disaster situations, like during the COVID pandemic.

Lastly, on page 7 Section 2 provides the power to the Board of Pharmacy to establish prescriptive authority through a statewide protocol for public health issues. A recent example of this approach was Naloxone, which has been tremendously successful. Pharmacists can prescribe Naloxone to patients who may require the reversal of an opiate agent at their side, under the protocols the Board developed.

During the pandemic, the profession struggled with the changeovers in State Health Officers, who currently executes statewide protocols for most pharmacies to utilize for the purpose of providing vaccinations and immunizations to the citizens of our state. This simply provides the authority to the Board of Pharmacy to develop the protocols for providing vaccinations and immunizations.

Also included in these "Public Health Issues" was tobacco cessation, a common model in other states, which allows pharmacists to prescribe approved therapies for tobacco cessation products according to a protocol to patients who express the desire to quit. This allows those conversations to occur at the pharmacy counter which could ultimately result in action by the patient to kick the habit and provide better health outcomes overall.

There are other areas where the Board sees a statewide protocol could be utilized for other treatment modalities similar to other states where Boards have developed these protocols. This represents an expansion in the scope of pharmacist providing care, however it also provides an important opportunity to our health professionals in pharmacies to assist patients in managing their care appropriately while building efficiencies within the healthcare model.

The Board supports this legislation and is willing to implement the provisions and respectfully requests a do pass.

If you have any questions, I would be happy to answer them at this time.