

House Human Services Committee
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Chairman – Rep. Robin Weisz

Submitted by:
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Mr. Chairman and members of the Human Services Committee, my name is Elizabeth Monson and I am a native of North Dakota, born and raised in Bismarck, ND, currently living in West Fargo. I am a pharmacist who works in a hospital pharmacy and I am the current president of the North Dakota Society of Health System Pharmacists (NDSHP). NDSHP currently includes 192 members, consisting of pharmacists, student pharmacists and pharmacy technicians who work in healthcare settings other than community pharmacies, such as hospitals and ambulatory care clinics.

As a pharmacist in the hospital setting I work alongside physicians, nurses and other healthcare providers to provide optimal medication management for patients. This includes talking to patients when they are admitted to the hospital to obtain an accurate home medication list and assess what should be continued or stopped on admission to the hospital. Along with continuing to assess every single medication that a provider orders in the hospital, at discharge I also review the medications the patient will take when they are discharged to their homes to make sure that everything is ordered appropriately during this transition of care. During these transitions of care, I often make recommendations to fix medication-specific problems. Examples include, medications being ordered that a patient no longer needs, medications being ordered that a patient already has, or interacts with a medication the patient is already taking, or medications being ordered with the wrong dose or duration.

Other members of NDSHP work in a clinic setting. They see patients one-on-one in a clinic exam room (just like you would see your primary care provider) and evaluate every single medication the patient is on. These pharmacists can make changes to medications through collaborative practice agreements (CPAs). This means that these pharmacists have prescriptive authority to prescribe medications to optimize a person's care. Pharmacists can also use these CPA's to help manage disease states such as diabetes or hypertension. This helps to decrease the workload for providers and increase access for patients.

Unfortunately, not all hospitals and clinics have the ability to provide these high-level pharmacist services due to the lack of insurance companies recognizing and paying for this benefit. In fact, most of these services in North Dakota are only offered in the metro areas or through the Indian Health Services which means that the majority of our patients in the rural communities of North Dakota do not have access to them. I encourage this committee to support medication optimization services that allow pharmacists to provide the best patient care for the patients of North Dakota.

NDSHP strongly supports House Bill 1095 and urges you to do the same.

Dr. Elizabeth Monson, PharmD, BCPS