

Mr. Chairman and Committee Members,

My name is Dr. Douglas Gugel-Bryant and I am an ambulatory care clinical pharmacist working in Fargo, North Dakota. This descriptor for a pharmacist may sound foreign as many do not associate pharmacists in a specialty setting outside of the pharmacy. There are many different types of pharmacists with different trainings which delineate our expectations of practice. In my role, I do not dispense any medications like you might assume would be the role of a pharmacist.

I currently work in an outpatient primary care clinic managing patients with select disease states. I will order medications under a collaborative practice agreement with the physicians and advanced practice providers at my clinic and other primary care clinics within my healthsystem. The goal of my role is improving patient care, patient access, and outcomes. My daily activities include contacting patients over telemedicine and in office visits to help adjust medications (either increase or decrease a medication dose, start or stop a new medication, etc) to help a patient reach their health goals. As an example, in diabetes management, I will contact patients to make medication adjustments to get patient's blood sugars at goal in a timely but safe manner. This is just a brief summary of one of my duties. I am also meant to be a medication expert and resource to the staff at the clinics and for our patients answering whatever questions I can. Other aspects of my daily duties include helping patients afford and acquire their medications as well. I can confidently state that I have saved patients thousands of dollars on their medications and have been able to get patients medications which they normally would not be able to afford. This statement, in general, increases patient outcomes because they were able to take their medications they needed.

One unfortunate element is the fact that I have barriers to being able to help as many patients as possible. The greatest barriers are with delineation of what services I can provide, which patients I can help manage, and the ability for insurance coverage of my services. The current HB 1095 is a bill which would help limit those barriers I listed previously. This would allow for increased access to pharmacist services helping manage patients and improving their health outcomes and goals. This would not be limited to a certain patient in a specific location, these barriers exist for all pharmacists similar to me practicing all over the state helping any person. I am speaking on behalf of the ambulatory care pharmacists I know all over the state when I say this is an exciting bill to allow us to help as many people of North Dakota.

During pharmacy school, I was reinforced by my mentors that "the patient is why I am here". I am here to serve. I am optimistic about this bill as it will allow myself and other pharmacists like me to practice at the top of my license and serve North Dakota residents as best as possible. Thank you for your time and consideration in HB 1095.

Dr. Douglas Gugel-Bryant, PharmD, BCPS