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## Senate Bill No 2378 – Clinician Administered Drugs

Senate Human Services Committee – Roughrider Room
9:00 AM - Wednesday – February 8, 2023

Madam Chair Lee, Members of the Senate Human Services Committee for the record I am Mark Hardy, Executive Director of the North Dakota State Board of Pharmacy. Thank you for the opportunity to testify on this important legislation.

The Board of Pharmacy is aware of the business model this legislation is focused on when the dispensing and administration of medications are completed by different practitioners. This practice is labeled as "*white*" or "*brown*" bagging models. These models have been increasing in nature given the rising number of medications that have significant costs associated with them. In many cases the patient's healthcare plan dictates requirements to use a specific pharmacy on these medications, often owned by the Pharmacy Benefit Manager for the plan, which restricts the patient's ability to utilize the pharmacy of their choice.

The nature of many medications requires special handling, storage and shipping challenges. In these models, the burden falls on the practitioners and dispensing pharmacists to ensure each medication is safe and effective for administration. As the drug supply chain moves to implement the federally enacted Drug Supply Chain and Security Act these "bagging" models may be scrutinized, given the unique chain of custody.

There are many patient safety concerns around these practices, which is the forefront of the Board's support of this legislation. We have had several complaints and concerns from patients about delays and issues with the delivery of pharmaceuticals into the state. If a patient desires their services to be obtained from a mail order pharmacy, then that is understandable, and they are accepting of the services they receive. However, when forced into using models of care that they do not desire it creates consternation, especially when things do not go as expected.

The nature of these delivery models puts healthcare professionals in an uncomfortable position, where they do not know how drugs were stored or handled and are unable to assure that they were not adulterated or misbranded in some way prior to administering them to a patient. This is why some health systems have not allowed these models of care to occur in their facilities, which leads to patients trying to determine where they can get their care. Also, these models lead to fragmentations in the patient's prescription services which prevents pharmacists from having a full picture of the patient's therapies to ensure optimal therapeutic outcomes.

This could result in missing drug interactions, duplicative therapies or other safeguards the patient should be afforded in their care.

The Board would always advocate for patient's choice to assure the patient has the opportunity to choose the pharmacy they feel best meets their pharmaceutical care needs and not be required to use a location based on the third party's requirements.

Another consequence which occurs when a patient choice is lost is when their insurance changes the patient's consistency of pharmacy services are disrupted. This causes much unnecessary stress and difficulty in reestablishing their models of care.

We appreciate the opportunity to testify on Senate Bill 2378.

I'd be happy to answer any questions.