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## FIRST ENGROSSMENT

Sixty-fourth Legislative Assembly of North Dakota

## **ENGROSSED SENATE BILL NO. 2173**

Introduced by

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Senators Klein, J. Lee, Murphy

Representatives Keiser, Oversen, Weisz

- 1 A BILL for an Act to amend and reenact section 43-15-31.4 of the North Dakota Century Code,
- 2 relating to the governance of prescriptive practices for pharmacists.

## 3 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

- 4 **SECTION 1. AMENDMENT.** Section 43-15-31.4 of the North Dakota Century Code is amended and reenacted as follows:
- 6 43-15-31.4. Limited prescriptive practices.
- 7 A licensed pharmacist in an institutional setting has limited prescriptive practices to 8 initiate or modify drug therapy following diagnosis and initial patient assessment by a 9 licensed physician or an advanced practice registered nurse, under the supervision of 10 the same licensed physician or advanced practice registered nurse, in accordance 11 with this section. An institutional setting, for the purpose of this section, is a hospital, a 12 physician clinic, a skilled nursing facility, or a swing-bed facility in which a patient's 13 medical records are readily available to the licensed physician and the licensed 14 pharmacist The licensed physician or the advanced practice registered nurse and the 15 pharmacist must have access to the patient's appropriate medical records. The care 16 provided to the patient by the pharmacist must be recorded in the patient's medical 17 records and communicated to the licensed physician or the advanced practice 18 registered nurse.
  - 2. The licensed physician or the advanced practice registered nurse and the licensed pharmacist shall prepare a collaborative agreement concerning the scope of the pharmacist's prescriptive practices and shall update the agreement at least every twofour years or when they modify the scope of the pharmacist's prescriptive practices. The collaborative agreement, or an amendment to the agreement, is

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- effective when approved by the board of medical examiners or board of nursing and the board of pharmacy.

  The collaborative agreement may be between a medical director and pharmacist-in-charge. The medical director and pharmacist-in-charge shall report to
- pharmacist-in-charge. The medical director and pharmacist-in-charge shall report to

  the respective board of any physician, advanced practice registered nurse, and

  pharmacist covered under the agreement.
- 3.4. If there is a change in personnel under the collaborative agreement, a pharmacist,
   physician, and advanced practice registered nurse under the collaborative agreement
   shall send immediate notice of the change to the respective licensing board of that
   individual. Unless necessary, a change in personnel does not necessitate board
   approval of the collaborative agreement.
  - 5. The <u>collaborative</u> agreement must include a provision that requires the <del>licensed</del> pharmacist to immediately notify the licensed physician <u>or advanced practice</u> registered nurse when the <del>licensed</del> pharmacist initiates or modifies a drug therapy.
  - 4.6. The board of medical examiners and the board of pharmacy shall jointly establish a prescriptive practices committee consisting of two physicians appointed by the board of medical examiners, one physician appointed by the North Dakota medical association, one pharmacist appointed by the board of pharmacy, and one pharmacist appointed by the North Dakota pharmaceutical association. The prescriptive practices committee shall develop and submit proposed rules concerning the implementation of this section to the board of medical examiners and the board of pharmacy. Any rules to implement this section must be jointly adopted by the board of medical examiners or the board of nursing and the board of pharmacy.