

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2140

2001 SENATE INDUSTRY, BUSINESS AND LABOR

SB 2140

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2140

Senate Industry, Business and Labor Committee

Conference Committee

Hearing Date January 16, 2001.

Tape Number	Side A	Side B	Meter #
2	x		35.8 to end
(1/24) 2		x	35.2 to 39.6
Committee Clerk Signature <i>Don & Perez</i>			

Minutes:

The committee was called to order. All members present. The hearing was opened on SB 2140
Relating to limited prescriptive practices of pharmacists.

HOWARD C. ANDERSON, Executive Director, ND State Board of Pharmacy. In favor of the
bill. Written testimony attached. Submitted a substitute amendment .

KAREN M. FINCK, Registered Pharmacist. In favor of the bill. Currently the word
"institutional" limits the patient and the pharmacist because services cannot be provided outside
of the hospital in collaborative agreement with a physician.

JOHN OLSON, ND Board of Medical Examiners. Support the bill and the amendment.

DAVID PESKE, ND Medical Association, Neutral on this bill feel more comfortable with the
amendment provided by Howard Anderson.

SENATOR KREBSBACH motion to accept amendment. SENATOR ESPEGARD: seconded.

Roll call vote: 7 yes; 0 no Motion carried.

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Senate Industry, Business and Labor Committee
Bill/Resolution Number SB 2140
Hearing Date January 24, 2001

January 24, 2001. Tape 2-B-35.2 to 39.6

Committee reconvened. Discussion held.

SENATOR KREBSBACH moved do pass as amended. SENATOR ESPEGARD seconded.

Roll call vote: 7 yes; 0 no. Carrier: SENATOR ESPEGARD

REPORT OF STANDING COMMITTEE

SB 2140: Industry, Business and Labor Committee (Sen. Mutch, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2140 was placed on the Sixth order on the calendar.

Page 1, line 6, remove the overstrike over "~~in an institutional setting~~"

Page 1, line 9, remove the overstrike over "~~An institutional setting, for the purpose of this~~"

Page 1, line 10, remove the overstrike over "~~section, is a hospital,~~" and insert immediately thereafter "a physician clinic," remove the overstrike over "~~a skilled nursing facility, or a swing bed facility,~~" and remove "This practice"

Page 1, line 11, remove "may only take place in a location"

Renumber accordingly

2001 HOUSE HUMAN SERVICES

SB 2140

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2140

House Human Services Committee

Conference Committee

Hearing Date February 13, 2001

Tape Number	Side A	Side B	Meter #
Tape 1		X	1080 to 1880
Committee Clerk Signature <i>Cornie Easton</i>			

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig.

Chairman Price: Open hearing on SB 2140.

Howard Anderson: Executive Director of the N.D. State Board of Pharmacy. (See written testimony.) This bill came about in the discussion between the Board of Medicine and the Board of Pharmacy when reviewing some collaborative agreements for a pharmacist in the Altru hospital system. They have an anticoagulation clinic there which operated through the pharmacy and the lab does the test and the pharmacy has been doing some finger stick test and working with patients to adjust their medication doses. The statute we have in place now using institutional setting as language in the definition doesn't include the opportunity to do that with outpatients, so the two groups decided we would work together and try to develop some language

that would allow the pharmacist and physician who wanted to do this to facilitate that. We added from the Senate side in the first engrossed bill as amended which includes "physician/clinic in the definition of institutional setting" which would allow the things we were being asked for by the physicians and the pharmacists who came to us with those collaborative agreements.

Basically, this will allow the current collaborative agreement statute rules which we have in place to be utilized and for those outpatients who come into the clinic as well as if they would have been in a hospital or nursing home that we allowed before.

Galen Jordre: Executive Vice President of the N.D. Pharmaceutical Association. (See written testimony.) We are here in support of SB 2140 because of the changing practices of pharmacy and medicine are relying more on collaborative models to provide care to patients. These changes are creating large shifts from inpatient care to care provided in the outpatient setting. It will serve patients by offering them the opportunity to receive care in a convenient setting under the joint direction of their physician and pharmacist. It is another logical step in the advancement of pharmacist collaborative practice that will produce better patient outcomes through improved medication therapy management.

Karen Finck: Hospital Pharmacist. I ask you for passage of this legislation. For the past 7 to 10 years I have developed a lot of patient education programs within the hospital where I work. I work with physicians to develop programs on cumadin and other medications. A lot of these programs we do everything we can internally. With this restriction I am really limited to what I can do, because my hospital is not affiliated with any of the physician clinics in town. I can't go behind my wall. I can't take these programs to the physicians. I have taken continued education and medical exams to prove that I am confident in these areas. I have had physicians ask me to

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House Human Services Committee
Bill/Resolution Number SB 2140
Hearing Date February 13, 2001

come over and give consultation, but I can't because of this restriction "limiting to an institution".

Chairman Price: Close hearing on SB 2140.

REP. PORTER: Motioned for a DO PASS.

REP. METCALF: Second.

13 YES 0 NO 1 ABSENT CARRIED BY REP. CLEARY

Date:
Roll Call Vote #:

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. **SB 2140**

House Human Services Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Rep Porter Seconded By Rep. Metcalf

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary	✓	
Rep. William Devlin, V, Chairman	✓		Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemeier		
Rep. Pat Galvin	✓		Rep. Sally Sandvig	✓	
Rep. Frank Klein	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Wayne Tieman	✓				
Rep. Dave Weiler	✓				
Rep. Robin Weisz	✓				

Total (Yes) 13 No 0

Absent 1

Floor Assignment Rep Cleary

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 13, 2001 3:59 p.m.

Module No: HR-26-3256
Carrier: Cleary
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2140, as engrossed: Human Services Committee (Rep. Price, Chairman)
recommends **DO PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING).
Engrossed SB 2140 was placed on the Fourteenth order on the calendar.

2001 TESTIMONY

SB 2140



Board of Pharmacy
STATE OF NORTH DAKOTA
EDWARD T. SCHAFER, Governor

OFFICE OF THE EXECUTIVE DIRECTOR

P.O. Box 1354
Bismarck, North Dakota 58502-1354
Telephone (701) 328-9535
Fax (701) 258-9312

PATRICIA M. CHURCHILL, R.Ph.
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SENATE BILL 2140
INDUSTRY, BUSINESS AND LABOR COMMITTEE
TUESDAY - JANUARY 16, 2001 - 11:00 AM - ROOSEVELT PARK ROOM

Chairman Mutch, members of the Industry, Business and Labor Committee for the record I am Howard C. Anderson, Jr., R.Ph., Executive Director of the North Dakota State Board of Pharmacy.

This Bill was introduced as a result of a discussion between the Board of Medical Examiners and the Board of Pharmacy relative to Grand Forks and Jamestown Clinics, which, desired their clinical pharmacists to have collaborative agreements to modify the Coumadin or warfarin doses for patients who came in to have their protime tested and they were not within the guidelines the physician had set. The pharmacist could modify those dosages at the time the patient was there, council the patient immediately and correct the dosage without the necessity to schedule an additional clinic visit. Under our collaborative agreement rules, those modifications would always be communicated to the physician within twenty-four hours. Except, with a few cases like on weekends and holidays.

As you see the collaborative agreement Bill now in force restricts those collaborative practices to institutional settings and the definition of institutional setting does not include an outpatient clinic. Consequently, those collaborative agreements for outpatients could not be approved. As a practical matter, most of these patients are seen on an outpatient basis and in order to improve the timeliness of their care, physicians were willing to work with the pharmacists to provide this service on an outpatient basis, as they have been doing on the inpatient side.

