

2021 JOINT TECHNICAL CORRECTIONS

HB 1514

2021 JOINT STANDING COMMITTEE MINUTES

Technical Corrections Committee Pioneer Room, State Capitol

HB 1514
11/9/2021
AM

A BILL for an Act to create and enact a new section to chapter 23-16, a new section to chapter 43-15, and a new section to chapter 43-17 of the North Dakota Century Code, relating to a hospital patient's right to try off-label use drugs, a hospital ban on discrimination based on vaccine status, pharmacist fulfillment of off-label drug use prescriptions, and the board of medicine's authority to bring disciplinary actions; and to provide an effective date.

Co-Chair Weisz called the hearing to order, Vice Chair Porter, Representative Dockter, Richter, Louser, O'Brian, Roers Jones, Hanson Co-Chair J. Lee, Vice Chair Patten, Senators H. Anderson, Schaible, Dwyer, Kannianen, Vedaa, Bakke, present [11:00]

Discussion Topics:

- Pharmacist dispensing of off label medication
- COVID-19
- Drug efficacy
- Hospital patient treatment
- Emergency use authorization act
- Off label treatment
- Malpractice insurance

Representative Tveidt provided testimony in favor #11930 [11:00]

Senator Myrdal provided an amendment in favor 21.1116.02001 #12216 [11:25]

Travis Ziblotny District 5 Chairman and citizen testified in favor [11:39].

Susan Welch, Pharmaceutical Representative provided testimony #12215 [11:46].

Virginia Dolocheck testified in favor [11:53].

McKenzie McCoy provided testimony in favor #11925. [11:55]

Mark J. Hardy, Executive Director of the North Dakota Board of Pharmacy provided testimony in opposition #11920.

Mike Schwab, Executive Vice President of the North Dakota Pharmacy Association provided testimony in opposition #12205

Sandra McPountis North Dakota Board of Medicine testified in opposition [12:33]

Carl Young, Director of the Family Services Network testified in opposition #11875[12:35]

Additional written testimony:

Robert Sticca, MD Chairman of the North Dakota Board of Pharmacy submitted testimony #11851.

Beth Sanford submitted testimony #11853

Kayla Johnson submitted testimony #11861.

Janelle Anderson submitted testimony #11881.

Ginger Robertson submitted testimony #11886.

Jacob and Cionda Holter submitted testimony #11888 and 11894.

Doug Sharbono submitted testimony #11904.

Alida Arnegard MCCA Member submitted testimony #11913.

Joyce Prestriedge submitted testimony #11916.

Paris King submitted testimony #11917

Brenda Foster submitted testimony #11918

Tiffany Fettig submitted testimony #11926.

Kristi L. Larkin submitted testimony #11929.

Tanya Watterrud submitted testimony #11936

Co-Chair Weisz adjourned the hearing [12:36]

Sheldon Wolf, Committee Clerk

HB 1514 – Representative Bill Tveit

Joint Technical Corrections Committee Presentation of 21.1116.02000 “Patient’s Right to Try; “all inclusive, non-discrimination” health care; Pharmacists Non-Refusal to Dispense; Licensee Protection from Board Disciplinary Action” 9 November 2021 Special Session

Mr. Chairman, distinguished members:

This COVID-19 related **life saving** bill comes to you out of the practical necessity;

1. TO PROTECT & PRESERVE LIVES WHILE ALLOWING “TRYING SOMETHING DIFFERENT”;
2. TO UTILIZE the PRACTICAL, PROVEN EXPERIENCE of a PROVIDER;
3. TO PROTECT PATIENTS FROM DISCRIMINATIVE HEALTH CARE BASED ON VACINE STATUS;
4. TO PERMIT UTILIZATION of a FDA APPROVED DRUG for OFF-LABEL USE;
5. TO REQUIRE A PHARMACIST TO DISPENSE;

PROTECTING THE PATIENTS RIGHT TO TRY, AS WELL AS, PROTECTING THE PROVIDER’S AND THE PHARMACIST’S LICENSE.

Why is this bill necessary? North Dakota providers, clinics and hospitals are scared to take a stand against Big Pharma and the current CDC COVID protocol. Most ND Providers & Pharmacists fear prescribing & filling those prescriptions and putting their license and/or job on the line. Hospitals refuse to administer these Off-Label choices until it is too late to make a difference, often ending in death. Only recently have I heard of one local* hospital doing the late treatment once CDC protocol has been tried and failed to provide successful results.

In late April of 2021, the last week of session, my wife* contracted COVID. As I sat with her in the local hospital emergency room, the Doctor began to describe the recommended treatment protocol, stating though not FDA approved, this was the protocol recommended by CDC. We specifically asked to forgo that recommendation and to prescribe Hydroxycloquine. The response was, “ That is not FDA approved and we would never do that.”

An acquaintance* recently found a doctor to prescribe Ivermectin, however, he was turned down by his local ND Pharmacist who claimed it was not an FDA approved drug to treat COVID. After a lengthy search was finally able to get the prescription filled in state.

A local provider* has successfully prescribed & treated with hydroxychloroquine since early 2020 with most pharmacies challenging, thus having to send only to certain pharmacies. This provider states that the bigger problem is finding local practices to prescribe. This same provider now is utilizing more Ivermectin, successfully to treat COVID infected patients.

In a neighboring state, a provider* has been called before the license board multiple times and had his license challenged for openly speaking out about the current approved COVID protocol and his recommendation of utilizing alternative effective treatments that are "off label".

In the same state, a surgeon* with 16 successful and highly praised years of service, recently testified about the non-effectiveness of mask wearing at a local school board meeting and was fired by his employer within days of that testimony.

Another provider* and her team have successfully treated over 7000 covid infected patients with an off-label covid treatment, hydroxychloroquine. Of those 7000+ so treated, 99% are alive & well.

There are case after case and story after story about the success and uneventful side effects of treating COVID with "Off-Label" FDA approved drugs, yet we are willing to stand or sit by and observe the side Effects and put up with the death rate associated with the current COVID Protocol used that is not FDA Approved, but CDC recommended?????

*Sources: Friend/JH/Minot; LRT/SMC; DB/Jamestown; Dr.J/Bis; Dr.SJ/MN; Dr.DH/FF,MN; Dr.SI/TX;

21.1116.02001

Sixty-seventh
Legislative Assembly
of North Dakota

HOUSE BILL NO. 1514

Introduced by

Representatives Tveit, Fisher, Kasper, K. Koppelman, Paulson

Senators Clemens, O. Larsen, Luick

(Approved by the Delayed Bills Committee)

1 A BILL for an Act to create and enact a new section to chapter 23-16, a new section to chapter
2 43-15, and a new section to chapter 43-17 of the North Dakota Century Code, relating to a
3 ~~hospital patient's right to try off-label use drugs,~~ a hospital ban on discrimination based on
4 ~~vaccine~~vaccination status, pharmacist fulfillment of off-label drug use prescriptions for the
5 treatment of COVID-19, and the board of medicine's authority to bring disciplinary actions; and
6 to provide an effective date.

7 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

8 **SECTION 1.** A new section to chapter 23-16 of the North Dakota Century Code is created
9 and enacted as follows:

10 ~~**Right to try off-label use drugs – Ban on discrimination based on vaccine**~~**vaccination**
11 **status.**

12 ~~1. If a patient is prescribed a United States food and drug administration approved drug~~
13 ~~for off-label use, a hospital shall honor that prescription.~~

14 ~~2. In providing health care, a hospital may not discriminate against a patient based on that~~
15 ~~patient's vaccine~~**vaccination** status.

16 **SECTION 2.** A new section to chapter 43-15 of the North Dakota Century Code is created
17 and enacted as follows:

18 **Off-label use - COVID-19.**

19 ~~If a pharmacist receives a United States food and drug administration-approved drug~~
20 ~~prescription for the off-label treatment or prevention of a disease or medical condition~~**severe**
21 **acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral**
22 **fragments of SARS-CoV-2,** the pharmacist may not refuse to dispense the drug based on the
23 pharmacist's professional judgment regarding the appropriateness of the prescription. This

1 section does not prevent the pharmacist from contacting the prescriber regarding the
2 prescription.

3 **SECTION 3.** A new section to chapter 43-17 of the North Dakota Century Code is created
4 and enacted as follows:

5 **COVID-19 - Limitations on disciplinary actions.**

6 The board may not take disciplinary action against a licensee based on the licensee
7 distributing documented medical information, providing information regarding the licensee's
8 professional experience or observations, or speaking against a public official. The board may
9 not bring a disciplinary action against a licensee based on the prescription of a **United States**
10 **food and drug administration-approved** drug for the off-label treatment or prevention of severe
11 acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral
12 fragments of SARS-CoV-2.

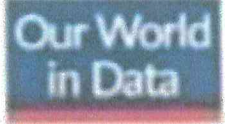
13 **SECTION 4. EFFECTIVE DATE.** This Act becomes effective upon its filing with the
14 secretary of state.



Dr. Pierre Kory

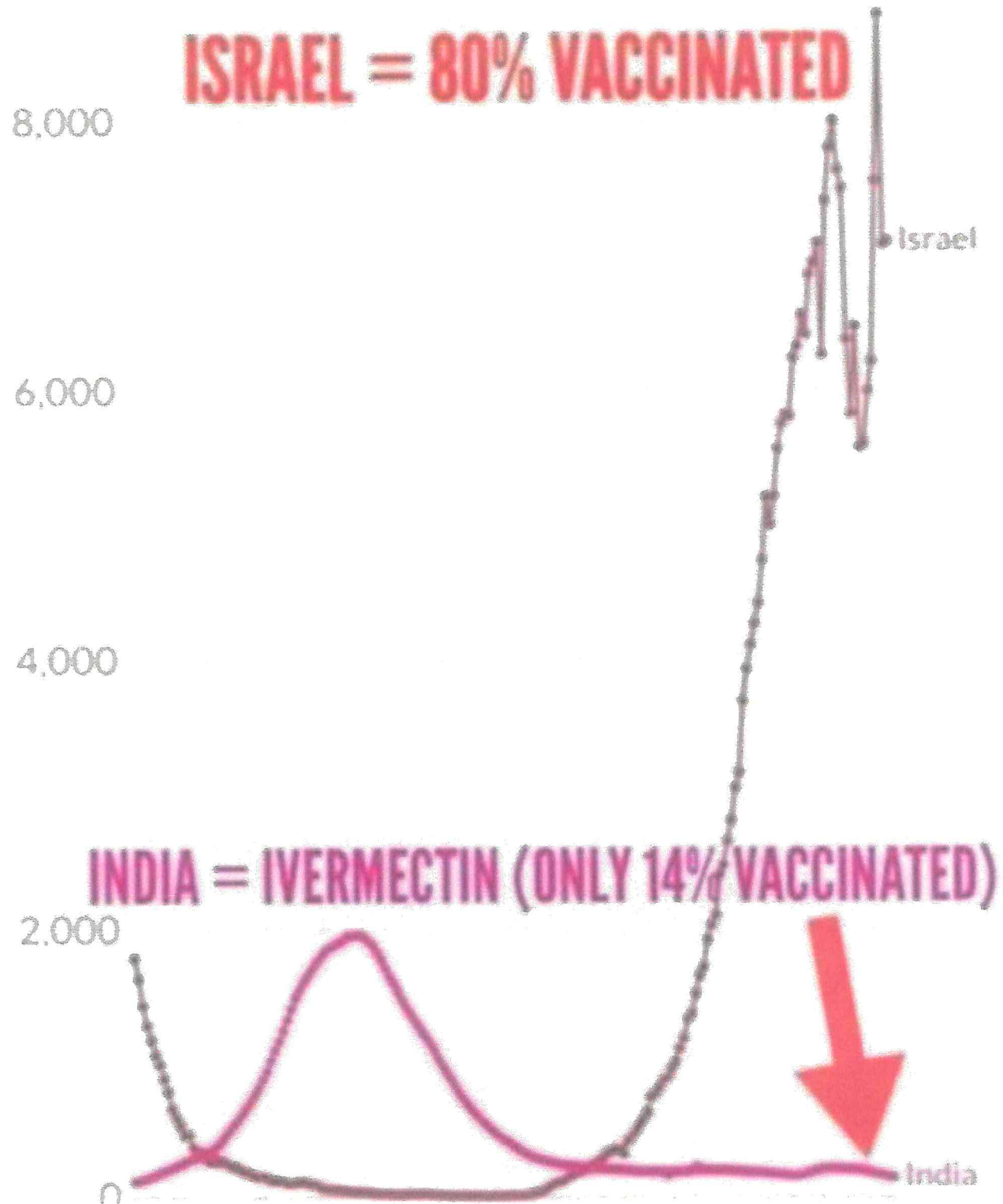
- **Board Certified in Critical Medicine, Pulmonary Diseases and Internal Medicine.**
- **Board Certified Pathologist**
- **Chief of the Critical Care Service, Medical Director of the Trauma and Life Support Center, University of Wisconsin**
- **He has worked closely with COVID-19 patients across the US throughout the pandemic.**

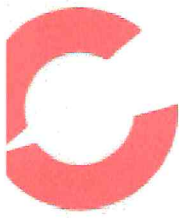
Weekly confirmed COVID-19 cases per million people



Weekly confirmed cases refer to the cumulative number of confirmed cases over the previous week.

LINEAR LOG





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JAPAN SUSPENDS 1.6 MILLION MODERNA VACCINES, RECOMMENDS IVERMECTIN TO ALL DOCTORS (26TH AUG)

WATCH

ANN LIVE ((●))

東京朝日放送

公益社団法人 東京都医師会

ASSOCIATION TOKYO MEDICAL TMA

東京朝日放送

公益社団法人 東京都医師会

ASSOCIATION TOKYO MEDICAL TMA

01:16

In Africa, if we compare countries distributing ivermectin once a year with countries which do not give ivermectin...

Do You Support Biden

Good morning, Chairman Weisz, Lee, and members of the committee,

My name is McKenzie McCoy and I am for Watford City, ND. Among the many titles, I hold one, of them is Registered Nurse. I have been an RN for almost 20 years, and I have never seen the atrocities that have occurred and continue to occur over the COVID virus.

I believe that all life is precious. The right to life is the most important right we have, and as a nurse I took an oath to protect all life at every stage – womb to tomb. I also took an oath to do no harm, to provide complete informed consent in every situation, and advocate for the whole patient and their families. Never did I take an oath to disrespect patient wishes, to shame, blame or demonize a patient, or withhold treatment or deny care because a patient chooses an option that I might not personally agree with. Nor did I take an oath to withhold treatment or care because it doesn't fit the narrative of an insurance company, the FDA, or the CDC or any other governing body. I took an oath to SAVE LIVES.

In the last 18 months, I have been advocating for patients with COVID in collaboration with other medical professionals in various disciplines across the country using evidence-based medicine. We spend hours researching, reading, and analyzing studies and information to create or share protocols that are patient specific. But, we are being blocked from some of the safest, most vital and effective, not to mention low cost, treatment options for patients. Why? Because some treatments are not FDA or CDC approved specifically for COVID. I would safely bet that over half of the people in attendance today are taking a prescription medication for an off-label use. I myself take two medications for off-label use. Doctors and mid-level providers prescribe off-label use medications to their patients very frequently and have been doing it for decades. They prescribe these medications because they are safe and effective and change patient's lives. Why is treating COVID any different? Why are health care professionals being shamed, blamed, and demonized for using medicines and treatments that are WORKING? I shouldn't need to be here pleading for a law to be enacted so that medical professionals can continue to practice how we have been practicing for decades.

Our patients and their families choose all types of treatment options because as practitioners we layout ALL of the options for them. We need the ability and latitude to prescribe off-label drugs to successfully treat COVID. Early intervention and a multifaceted approach are key. Denying physicians, mid-level providers, nurses, and pharmacists the ability to provide safe, effective, low-cost alternatives for treatment is allowing people to die. In the last two weeks I have stood by and watched two patients pass away in the hospital because providers would not try alternative therapies. And their providers took all comfort measures away from these two patients because they refused the FDA/CDC approved drug and refused intubation. This cannot not continue. This is murder.

Please recommend a DO PASS on HB1514 and allow medical providers to continue practicing.

Thank you,

McKenzie McCoy, RN
Watford City, ND



State of North Dakota
Doug Burgum, Governor

OFFICE OF THE EXECUTIVE DIRECTOR

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#11920

STATE BOARD OF PHARMACY

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Mark J. Hardy, PharmD, R.Ph.
Executive Director

Off Label Use of Medications

November 9th, 2021

Chairs and members of the Joint Technical Corrections Committee, for the record I am Mark J. Hardy, PharmD, Executive Director of the North Dakota State Board of Pharmacy. I appreciate the opportunity to be here to speak to you today about the proposal before us today.

The Board of Pharmacy has very deep concerns with the language in this bill that restricts the professional discretion of a pharmacist. When making professional care decision for their patients the public should expect the professionals with the education to exercise their judgement, with the understanding the public has a right to get healthcare from an appropriately licensed individual / business.

Certainly, the root of this issue refers to the current COVID Pandemic and the desire to use drugs that do not currently carry FDA approved indications for the prevention or treatment of COVID. To be completely transparent, the issue here is Ivermectin. I know there are numerous professional opinions on the use of Ivermectin to prevent or treat COVID, including in the pharmacy profession. There is research out there that indicates there may be beneficial aspects of it and there are legitimate concerns on the effectiveness at all.

Ultimately, it does not seem appropriate for the government to decide what is right or wrong in those cases. We have found at the Board of Pharmacy to allow the professionals with the education and expertise providing the care to determine what is appropriate. If the patient is not happy with the care they are, or are not receiving, they are free to go to a different licensed pharmacy professional who may have a different approach to their care. We are certainly aware of some pharmacies that are not filing Ivermectin prescriptions. However, we know there are many pharmacies that are filling Ivermectin prescriptions. Often the issue that the pharmacists currently face when they are presented with an Ivermectin prescription, is that the practitioner, in most of the cases, are *NOT* licensed to provide care to North Dakota Patients. Right on the surface that indicates that the prescription is not a valid prescription.

It is not based on a valid patient-practitioner relationship. That is the basis of many of the prescriptions which are being denied across the state. Now, there are certainly some practitioners in the state who are licensed with the state that are providing prescriptions.

If it is a valid prescription written by a valid practitioner, they are often being filled. Also, keep in mind ivermectin is not a commonly stocked medication in most pharmacies and we have certainly heard from some pharmacists that supply is an issue given the current demand situation. I can tell you from my personal experience, when I was practicing in a retail pharmacy, that it is not an item that we stocked with any regularity. So, the supply is certainly a valid concern.

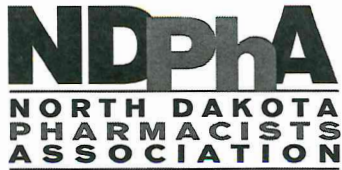
The real danger of this bill is in forcing a pharmacist to dispense a prescription, regardless of their professional opinion and expertise. The precedent this sets is not a good one. There are many prescriptions that a pharmacist may have a moral objection against, such as oral contraception, Plan B and in some cases, even COVID Vaccinations. Also, a valid concern is controlled substance dispensing. Forcing a professional to over-ride their professional opinion and moral objections to dispensing on demand does not seem right and not the right thing for our government to mandate.

Furthermore, creating a mandate that requires them to dispense this medication does not contain any liability protections for the pharmacist. Therefore, they will be liable for dispensing a medication if the patient is harmed and the patient or their representative has every right to hold the Pharmacy legally responsible for that harm.

The Board of Pharmacy has received very few complaints or phone calls relative to this issue from patients. To be honest it is *NOT* an issue. Patients with valid prescriptions are finding their way to a location that will dispense it if they desire.

Resorting to the heavy hand of government mandates, rather than allowing professionals to use their education and expertise, is not in the best interest of our citizens and may leave the professionals risking their patient's health against their better judgement.

I sincerely hope that you understand the gravity of the issue and long-term consequences of the passage of a bill like this and hope for a do not pass recommendation be given this bill.



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Joint Technical Committee
HB ~~21.1116.02000~~ (Ivermectin bill) 1514
November 9, 2021 - Special Session

Chairman Weisz, Madam Chair Lee and members of the committee, my name is Mike Schwab, Executive Vice President of the North Dakota Pharmacists Association. We are here today opposing HB 21.1116.0200 otherwise known as the Ivermectin bill.

Chairman, Madam Chair and members of the committee, the profession of pharmacy has many concerns with how this bill is currently written. This bill effects pharmacists practicing in a variety of settings such as hospitals, nursing homes, retail pharmacies and more.

Due to the increase in prescribing and dispensing of Ivermectin, the American Medical Association, American Pharmacists Association and American Society of Health System Pharmacists issued a joint press release in September 2021, calling for an immediate end to the prescribing, dispensing and use of Ivermectin for COVID-19 outside of the many ongoing clinical trials for Ivermectin.

While off-label prescribing and dispensing happens often, what is atypical with Ivermectin for COVID-19 is the FDA, CDC, national medical organizations, and national pharmacy organizations have recommended against its utility. Even with such recommendations, in ND, pharmacy has maintained access to Ivermectin for patients and we have left it up to the professionals in their respective fields to determine how they want to individually practice within their scope. Personally, I feel this has served ND citizens quite well.

Again, wide access to Ivermectin already exists in ND and Ivermectin is being dispensed by pharmacies for the treatment of COVID-19. In Bismarck alone, there are at least 8 different pharmacies providing Ivermectin to patients with a valid prescription. We have rural pharmacies providing it and compounding pharmacies are compounding it with zinc, vitamin D and vitamin C for patients to help minimize any potential side effects.

For the vast majority of Ivermectin prescriptions written, they are being dispensed by local ND pharmacies. We are seeing an increasing number of Ivermectin prescriptions coming from the use of Telemedicine. Pharmacies are reporting patients are presenting “invalid” prescriptions. The pharmacy cannot fill the prescription because it is coming from a physician who is not licensed in this state where the patient they are treating resides. The pharmacist is left trying to explain to the patient why they cannot fill the prescription. According to how the bill is written, it appears even if the pharmacist is presented with an invalid prescription, they would still have to fill it.

Are physicians going to be mandated to prescribe Ivermectin to any patient who asks for it since pharmacies are being mandated to dispense it? If the thinking is a patient can just go to another physician to get the prescription, why shouldn't the same hold true on the dispensing side of the drug? Again, as of right now, a patient can find a physician to prescribe the drug and a patient can find a pharmacy to dispense the drug.

Insurance companies and pharmacy benefit managers have already sent notices and reminders to pharmacy letting them know they should not be dispensing

medications that are not deemed “clinically appropriate”. If a pharmacy dispenses the drug, there is a very high risk of the insurance company or PBM auditing the pharmacy and redacting payment.

The supply of Ivermectin can be limited at times. Due to the large increase in pharmacies dispensing Ivermectin, some wholesalers that provide Ivermectin to ND pharmacies, have issued “quantity limits”. In some cases, a wholesaler may provide no more than 3 packages per primary account and nothing to secondary accounts. Wholesalers state they are also on allocations from the drug manufacturers at times.

There are liability concerns by our members. Will pharmacists be provided immunity? There are some serious adverse drug-to-drug interactions to consider as you debate this bill. Neurotoxicity can happen from too high a dose or from risk of increased (fast) absorption into a patient’s body. Neurotoxicity can cause severe poisoning and the central nervous system can start to shut down, leading to coma or even death. There are a lot of drugs that interact with Ivermectin such as statins (cholesterol lowering drugs), anticoagulant drugs (blood thinners), HIV inhibitors, calcium channel blockers, lidocaine, benzodiazepines and more. If the pharmacist is prohibited from using their professional judgement and is forced to dispense Ivermectin to a patient and something bad happens, is the pharmacist liable? Again, our members want to be granted immunity if this government mandate is to be enacted.

Private pharmacy businesses are given enough government mandates, we do not need nor support another one.

Do these bills effect or have a relationship to our professional “conscientious objection clause” that came out of Roe vs Wade? Conscientious objection in health care is the refusal to perform a legal role or responsibility because of moral or other personal beliefs. In health care, conscientious objection can involve practitioners not providing certain treatments or products to their patients and parents not consenting to certain treatments for their children such as immunizations due to moral or other personal beliefs. ND honors these types of moral objections. It appears this bill is attempting to supersede our professional right to such protections.

Members of the committee, this bill raises more questions than answers. From what we can tell and have researched, there is no systemic issue regarding access to Ivermectin in ND through our local pharmacies. For this reason and all the other reasons listed above, we are opposed to this bill. I am happy to try and answer any questions. Thank you for your time and attention to this very important matter.

Respectfully submitted,



Mike Schwab
EVP - NDPhA

Carl Young
Family Services Network Inc.
Executive Director
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7012143152
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November 8, 2021

Chair Weisz, Chair Lee, Members of the Committee.

I am here today to speak in opposition to HB 1514.

As the creator of the Covid Memorial in place at the South end of the Capitol Mall, I have been keeping up with the numbers related to Covid. I have also been keeping a close eye on what the Food and Drug Administration is doing in reference to Covid. Both in preventatives and treatments.

While this bill doesn't specifically list any drug, it is my belief that it is written specifically for one drug. Ivermectin.

I'd like to cite some information from the FDA.

One of the FDA's jobs is to carefully evaluate the scientific data on a drug to be sure that it is both safe and effective for a particular use. In some instances, it can be highly dangerous to use a medicine for the prevention or treatment of COVID-19 that has not been approved by or has not received emergency use authorization from the FDA.

There seems to be a growing interest in a drug called ivermectin for the prevention or treatment of COVID-19 in humans. Certain animal formulations of ivermectin such as pour-on, injectable, paste, and "drench," are approved in the U.S. to treat or prevent parasites in animals. For humans, ivermectin tablets are approved at very specific doses to treat some parasitic worms, and there are topical (on the skin) formulations for head lice and skin conditions like rosacea.

Further the FDA also states

There's a lot of misinformation around, and you may have heard that it's okay to take large doses of ivermectin. It is not okay.

Even the levels of ivermectin for approved human uses can interact with other medications, like blood-thinners. You can also overdose on ivermectin, which can cause nausea, vomiting, diarrhea, hypotension (low blood pressure), allergic reactions (itching and hives), dizziness, ataxia (problems with balance), seizures, coma and even death.

And more:

The FDA has not authorized or approved ivermectin for the treatment or prevention of COVID-19 in people or animals. Ivermectin has not been shown to be safe or effective for these indications.

Even the levels of ivermectin for approved human uses can interact with other medications, like blood-thinners. You can also overdose on ivermectin, which can cause nausea, vomiting, diarrhea, hypotension (low blood pressure), allergic reactions (itching and hives), dizziness, ataxia (problems with balance), seizures, coma and even death.

I don't have the solution to getting out of the pandemic that we are currently in. What I do believe with all that I am is that the Legislature has no business being involved in this aspect of medicine. That I know of, there is only one medical professional in the Legislature currently. He is entitled to his opinion, but not to alternative facts that go against the FDA or the Centers for Disease Control.

A few statistics for you.

1791 people as of November 8th, 2021, have passed because of Covid or Covid related complications. I don't know how many have passed had received the vaccine. I don't know if they were old or young. I don't know if they were fat like me or had pre-existing conditions like me. We lost Mom a year ago to Covid-19. In the past year, we have also lost half a dozen friends.

Just last week, we lost a friend who was 46 years old, who left behind young children.

We need to move toward the Greater Good, and away from the ME attitude so many of our constituents seem to have. But that is just my opinion.

Yesterday, while I was able to, I talked with people that were willing to talk to me, as they passed the Memorial, I talked with an elderly gentleman from Velva. And while this bill isn't about vaccines, I think that his message is important.

He said, "back in the 50's we lined up willingly to get the vaccine for Polio. It was our duty for the Greater Good."

He also told me that he was recovering from Covid and that his wife was currently very ill.

I believe in the right for people to choose for themselves. To take medication or not. I don't believe it should be up to me, or any elected official to interject themselves into the doctor patient realm.

As I stated, I don't have the answers. I just know that what we are doing isn't working. We can do better. For humanity's sake, we need to do better.

One last thing. North Dakota's population for the purposes of redistricting is roughly 779,000. Nationally, as of 9:05 pm November 8, 2021, the death toll was 754,000.

I'll stand for any questions.

Source: <https://tinyurl.com/covid-19-ND-2021>

JOINT TECHNICAL CORRECTIONS COMMITTEE
NOVEMBER 9, 2021

TESTIMONY OF THE
NORTH DAKOTA BOARD OF MEDICINE
HOUSE BILL 1514

Members of the Committee: I am Robert Sticca, M.D., Chairman of the North Dakota Board of Medicine, appearing on behalf of the Board in opposition to this bill.

It is the duty of the Board to protect the health, safety, and welfare of the public by verifying that North Dakota citizens are receiving optimal health care from qualified physicians. The Board regulates this through its licensure and disciplinary processes. Every complaint submitted to the Board is thoroughly reviewed by one of two Investigatory Panels. Once a complaint is received, it is sent to the licensee who then has the opportunity to submit a response, information, and anything else they would like to have considered, to the Panel for its review. Our Panel members are made up of physicians, a physician assistant, and public members and through their expertise, and after a thorough investigation, make decisions on whether disciplinary action should be initiated on the grounds set forth in North Dakota Century Code section 43-17-31.

Section 3 of this bill seeks to limit the Board's ability to initiate and perform this thorough investigation. It is not clear what would be considered "documented medical information" that would protect a licensee from disciplinary action. Is this any document with medical information in it that can be found by searching the internet? Or is it medical information based on credible, scientific evidence published in peer reviewed medical literature generally recognized by the relevant medical community?

As recognized by the Federation of State Medical Boards in its recent statement, “[d]ue to their specialized knowledge and training, licensed physicians possess a high degree of public trust and therefore have a powerful platform in society, whether they recognize it or not. They also have an ethical and professional responsibility to practice medicine in the best interest of their patients and must share information that is factual, scientifically grounded and consensus-driven for the betterment of public health.”

We hold physicians to a higher standard because of their position of power and their perceived medical knowledge and expertise, which results in many people not being able to delineate between “facts” versus “opinions” of the doctors. Physicians therefore must be extra careful in their communication not only to their patients but the public at large.

The Board of Medicine needs to be able to do a thorough review of a case and complaint to determine whether a physician’s actions have fallen below a standard of care that could result in harm to patients and members of the public. This section of bill would take away the Board’s ability to engage in such a review and public protection.

This section also limits the Board’s ability to review circumstances surrounding the prescription of any off-label drug for COVID treatment. The language of the bill is not limited to a particular drug, allowing a licensee to prescribe virtually any medication, including opioids, for COVID treatment, with no ability for the Board to review these decisions and prescriptive practices. It is especially important for physicians prescribing an off-label drug to communicate the risks associated with taking the medication in order to obtain informed consent by the patient. The Board would be prohibited from

reviewing the circumstances surrounding such prescription practices under this section of the bill.

Although not directly related to the Board, sections 1 and 2 of the bill also raise concerns. Section 1 provides hospitals cannot “discriminate” based on vaccination status. What is considered “discrimination” is not defined by the bill. One example of a problem this could create is: what if three patients present with a need for a ventilator, only two are available, and the physician makes a decision of who will get use of the available ventilators based on the totality of circumstances and who has the best option for survival. Could the physician now be at risk for claims of “discrimination” if the individuals who get the ventilators turn out to be vaccinated?

Section 2 of the bill seeks government restriction on licensees’ ability to utilize their expertise, experience, and training to make sound decisions. It is better left to a regulatory board to review the circumstances and all available information surrounding the decision to determine whether disciplinary action should be taken.

Based on the foregoing, the Board respectfully requests a “do not pass” on this bill.

11-08-2021

Hello Rep. Weisz and committee members,

I wanted to give you my testimony on HB1514 on the use of Ivermectin etc. As a doctoral student in Public Health and Policy, I have my nose in the literature daily as to see what the rest of the world is using as effective measures for prevention or early intervention of Covid-19 infection, this testimony is a small snapshot of the exceptional quality of world-wide medical research available in the scientific literature. (links provided)

Background

Ivermectin is a 2015 Nobel Prize winning anti-parasitic medication that is approved by the World Health Organization and the FDA for treating parasitic infections in human beings all over the world (Santin et. al, 2021).

Significance

Recently, it has been found to be incredibly effective as a therapy to fight COVID-19 infections and is being used around the world.

1) 65 trials, 628 scientists, 49,127 patients in 31 randomized controlled trials.

[\(https://c19ivermectin.com/\)](https://c19ivermectin.com/)

IVERMECTIN FOR COVID-19

65 TRIALS, 628 SCIENTISTS, 49,127 PATIENTS

31 RANDOMIZED CONTROLLED TRIALS

86% IMPROVEMENT IN 14 PROPHYLAXIS TRIALS RR 0.14 [0.08-0.25]

67% IMPROVEMENT IN 29 EARLY TREATMENT TRIALS RR 0.33 [0.24-0.47]

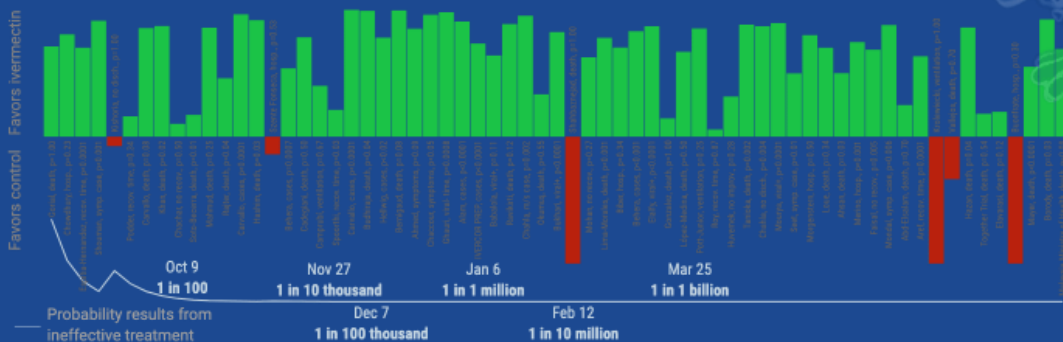
37% IMPROVEMENT IN 22 LATE TREATMENT TRIALS RR 0.63 [0.51-0.78]

57% IMPROVEMENT IN 27 MORTALITY RESULTS RR 0.43 [0.32-0.59]

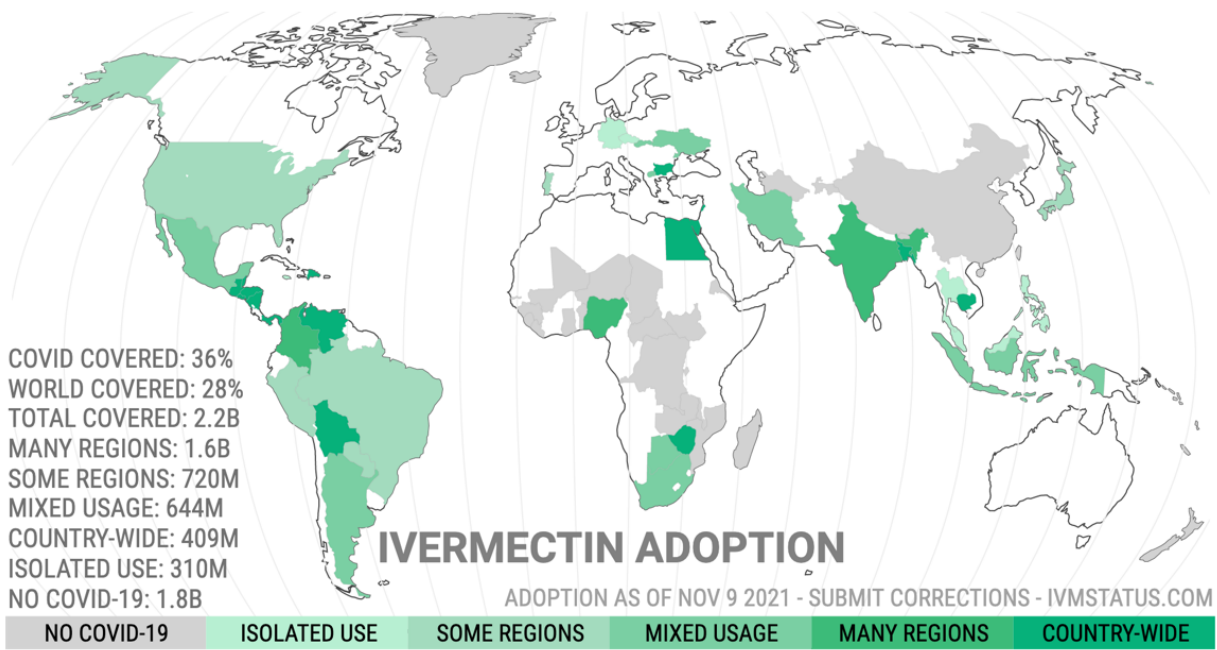
57% IMPROVEMENT IN 31 RANDOMIZED CONTROLLED TRIALS RR 0.43 [0.31-0.61]

SUMMARY OF RESULTS REPORTED IN IVERMECTIN TRIALS FOR COVID-19. 11/09/21. IVMMETA.COM

65 ivermectin COVID-19 controlled studies, 31 RCTs
67% improvement for early treatment, RR 0.33 [0.24-0.47]



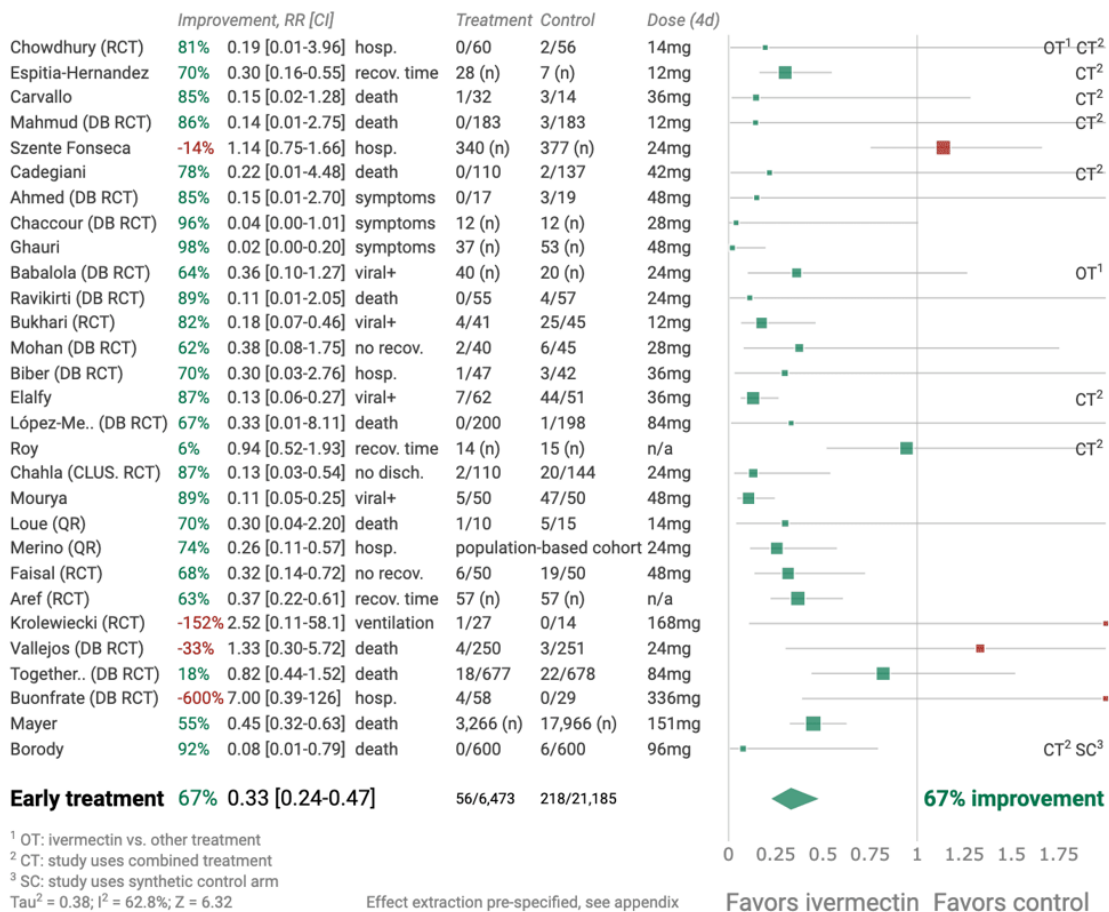
c19ivermectin.com Nov 9, 2021



COVID COVERED: 36%
 WORLD COVERED: 28%
 TOTAL COVERED: 2.2B
 MANY REGIONS: 1.6B
 SOME REGIONS: 720M
 MIXED USAGE: 644M
 COUNTRY-WIDE: 409M
 ISOLATED USE: 310M
 NO COVID-19: 1.8B

All 29 ivermectin COVID-19 early treatment studies

ivmmeta.com Nov 9, 2021



2)

Santin, A. D., Scheim, D. E., McCullough, P. A., Yagisawa, M., & Borody, T. J. (2021). Ivermectin: a multifaceted drug of Nobel prize-honoured distinction with indicated efficacy against a new global scourge, COVID-19. *New microbes and new infections*, 43, 100924. <https://doi.org/10.1016/j.nmni.2021.100924>

3) Please read the following article, **it contains evidence from all over the globe on the use of Ivermectin** to treat COVID infections. It's really a great article!

Bryant, A., Lawrie, T. A., Dowswell, T., Fordham, E. J., Mitchell, S., Hill, S. R., & Tham, T. C. (2021). Ivermectin for Prevention and Treatment of COVID-19 Infection: A Systematic Review, Meta-analysis, and Trial Sequential Analysis to Inform Clinical Guidelines. *American journal of therapeutics*, 28(4), e434–e460. <https://doi.org/10.1097/MJT.0000000000001402>

4) Many, many countries are utilizing Ivermectin with fantastic results: India, Japan, Peru, Bolivia, Argentina, and many African countries.

<https://www.christianitydaily.com/articles/13098/20210831/japanese-expert-recommended-the-use-of-this-cheap-treatment-against-covid-months-ago-because-it-works.htm>

In addition, the state of Nebraska is allowing their prescribers to ask for Ivermectin without fear of punishment. <https://cmsedit.cbn.com/cbnnews/health/2021/october/nebraska-ag-allows-ivermectin-and-hcq-prescriptions-as-off-label-medicines-to-fight-covid>

When I was pregnant with my son in 2000 a doctor prescribed an off-label drug to keep me from going into premature labor. It worked. From what he told me, this practice is common.

Please give North Dakotans the freedom to access to this safe, potentially **life-giving medication** in collaboration with their prescribing health care providers. Allow health care providers the ability to prescribe, and pharmacies to fill the prescriptions without fear of penalty.

If I got COVID, this is how I would want my doctor to treat me.

Thank you for your time,

Beth Sanford, MSN, RN
Doctoral Student of Public Health and Policy
Fargo, ND

Technical Corrections Committee,

Please pass this bill! I have listened to many success stories along with a personal one of using ivermectin and other therapies to treat Covid. Patients should be allowed to have options and Doctors should not be penalized for prescribing something that has been working. NIH has funded a study at Texas Tech on the use of ivermectin. Many of these therapies have been around and used for treatment. There is substantial data on the success of using them to treat covid. Patients should have options and doctors should have the freedom to prescribe them without be penalized.

Thank You!

Thank you, Chairman Weisz and the Technical Corrections Committee, for allowing me to share my family's very personal story. I am sharing our story in support of HB1514. My father, James Slow, 64 years old, had covid in October 2021. 9 Days into symptoms, our family decided to bring him to the local ER as his oxygen was dipping lower than we were comfortable with, and he was dehydrated. Five hours after he arrived at the ER, a new dr came on shift. My dad and our family asked that he be given Ivermectin. The Dr said he would be okay giving it to him, but the hospital protocols did not allow him to prescribe it.

Since the hospital refused to allow the staff to administer Ivermectin to my dad, He and our family decided to bring him home to recover and treat him with what the hospital wouldn't. We were fortunate to find doctors outside of North Dakota who would prescribe Ivermectin along with other medications to help my dad begin to heal. For seven days, we took care of our dad and watched him improve. Unfortunately, seven days into his recovery, he had a heart attack and passed away.

I realize, Chairman, Committee members, that you can read/listen to my dad's story and go straight to the conclusion that what did it matter if, in the end, he passed away. Please understand that every one of my siblings who cared for him would testify that he was on the mend; he was getting better. In reality, though, that doesn't even matter. This needs to be the takeaway from our story. A doctor was not allowed to prescribe a specific medicine because the hospital decided it wasn't part of the protocol. We, in turn, had to take him home and search to find doctors to prescribe it. Our family should never have faced this. Our dad should have had the right to try a medicine for off-label use, which is why we support HB1514.

Sincerely,

A handwritten signature in black ink that reads "Janelle Anderson". The signature is written in a cursive, flowing style.

Janelle Anderson
Alexander, ND

I personally purchased off-label use drugs (ivermectin and hydroxychloroquine) for a high price to an out-of-state provider and pharmacy. I strongly believe they worked and I got them completely appropriately but I would have MUCH rather have got them locally. Now, with the high cost and difficulty in utilizing out-of-state providers- you will have people continuing to use horse paste for Ivermectin in desperation for proper treatment. If doctors and pharmacies weren't so discouraged and penalized for using these drugs- patients would actually be safer by being under the care of a local doctor taking prescribed human form medications. Honestly, I am one of those people. I used the expensive treatment on my daughter then got the cheaper paste for myself. I feel that she recovered better and faster but we both faired very well with these medications (in addition to Vitamin C, D, Zinc, and monoclonal antibodies).

Also absolutely...unfortunately...we must protect patients NOW from vaccine discrimination. As a nurse, we are trained to care for drug addicts and rapists the same as anyone else. This should be NO different! It is entirely unfair to even consider treating an unvaccinated person differently than a vaccinated person. Please pass this bill to protect patients NOW.

HB 1514

I am writing in support of HB 1514. I believe this bill would be beneficial for many off label drugs. Right now we are mostly focused on Covid-19. Ivermectin has proven itself over and over again to be safe and highly effective against covid-19. I was able to receive Ivermectin and hydroxychloroquine when I had covid. Being able to take these medications kept me out of the hospital, I had no bad reactions to them and I recovered faster than if I had not received them.

It would be great to see North Dakota lead the way in making these medications more readily available. Giving Doctors and pharmacist the support and freedom to treat their patients the best way they see fit, without getting backlash from the powers that be.

I am thankful I was able to receive the treatment I had; however I had to speak to a out of state physician over the phone and wait for the meds to be overnighted to me. We all know early treatment makes a huge difference, so to be able to go to your local Doctor and pharmacist and get the medication right away makes a huge difference. Please render a "Do Pass" on HB 1514.

Thank You,

Jacob and Cionda Holter

cionda@protonmail.com

Williston ND District 1

701-580-4746

Members of the Joint Technical Corrections Committee:

Please support and pass HB 1514.

- Hospital patients should have the right to try off-label use drugs.
- There should be a hospital ban on discrimination based on vaccine status.
- Pharmacists need to stop coming between the patient and their doctor and simply fulfill off-label medications if the doctor prescribes it.

Please also consider the following:

- A ban on any state medical or licensing board taking action against any physician for prescribing clinically indicated, medically necessary, appropriate off-label FDA-approved drugs, for offering their professional opinion on any aspect of the pandemic or its treatment, or for not wearing a mask.
- All medical licensing board officials should be subject to removal by the legislature. A requirement that all pharmacies fill any prescription of an FDA-approved drug used off label for the virus. Any pharmacist who denies a prescription of a medically necessary drug – unless he has a religious conscience objection – would face a \$500,000 fine or a year in jail.
- Every insurance company must cover COVID-related prescriptions pursuant to the same rules they use for billing of other prescriptions, as well as for coverage of the vaccines and Remdesivir.
- Allow hospitalized patients to always have one surrogate present in the hospital, and allow them to access FDA-approved drugs prescribed off-label by a doctor at their own expense if they agree to assume liability, and the right to refuse any hospital-prescribed treatment.

Thank you for your leadership and service to our state.

**Do Pass Testimony
of Doug Sharbono, citizen of North Dakota
on HB1514
in 2021 Special Session, Sixty-seventh Legislative Assembly of ND**

Dear Chairs Lee and Weisz and members of the Joint Technical Corrections Committee,

I am writing as a citizen and believe HB1514 is good legislation and ask for a “Do Pass” on it.

Our family has personally benefitted by off-label use of Hydroxychloroquine. My wife was two weeks fevered with Covid and becoming non-ambulatory. The local clinic’s prescriptions were not helping her, and she was getting worse. With much difficulty, we were able to obtain prescribed Hydroxychloroquine for her. Within two days of intake of Hydroxychloroquine, her fever broke.

The medical industry including the state medical boards has contributed to the difficulty in obtaining medicine that works. The cost of the Hydroxychloroquine we used was \$17 for the complete regimen. The cost for Remdesivir is around \$666. The medical industry has worked very hard to keep these cost-effective and good therapeutics out of the hands of the people. As an example, they falsified the dangers of Hydroxychloroquine in the Lancet publication, which later had to be withdrawn.

Please do pass HB1514 for the benefit of our citizens in North Dakota. It will promote freedom and keep people alive.

Thank you,

Doug Sharbono
1708 9th St S
Fargo, ND 58103

Dear Honorable Technical Corrections Committee Member,

Good morning! Thank you for taking the time to review my testimony. My name is Alida Arnegard and I would like to submit my testimony in favor of HB 1514. Please support this timely bill because it gives the option for Covid patients to choose to have off label prescriptions granted to them without penalty to the medical professional who grants it.

This is a well written and concise bill that is necessary in my estimation in order to open the doors for N.D. Doctors, their patients as well as our hard-working Pharmacists to obtain for us necessary, off-label medications in order to safely treat this unpredictable Covid 19 virus and its various strains to the best of their ability.

Regardless of what your personal views may be regarding the efficacy of the current COVID-19 E.U.A. vaccine that is currently available, please allow for choices and options for N.D. individuals who deserve to have choices available to them now in regards to their treatment. The actual generic vaccine (Comirnaty) that has been F.D.A. approved will not actually even be available for use this year as you likely know.

My father had a severe case of Covid Pneumonia and thankfully he survived. He was hospitalized for 10 days. It may have helped him to recover more quickly if the off-label medications had been readily available to him and if this type of bill had been passed in his State.

Thank you so much for your kind consideration! Please vote yes to HB 1514 to protect our N.D. Citizens and save lives.

Respectfully submitted,

Alida Arnegard
MCCA Member

Joyce Prestriedge
355 14th Street East
Dickinson, ND 58601
Celticbreeze@ndsupernet.com

#11916

November 8, 2021

Honorable Members of the Joint Technical Corrections Committee
Pioneer Room, State Capitol
Bismarck, ND

RE: Public Testimony in Support of HB 1514

Thank you for this opportunity to express my support for the off-label use of medication and banning hospitals from discriminating based on vaccine status.

First, I am a retired Nurse Para-Legal. I was one of the first nurses in the nation to work with HIV + patients beginning in the winter of 1981/1982. Because of that experience, I volunteered to become a Nurse/Advisor for a health hotline sponsored through UT Southwestern Medical School. Working with virologists, I provided in-service to hospitals, and doctors' offices as well as other public and private entities. I also trained volunteers who operated a crisis intervention hotline. For a brief time, I actively qualified and recruited patients for drug studies and trials of anti-virals for Burroughs-Wellcome (pharmaceuticals). I held that position for over ten years. I understand viruses.

Historically, prophylaxis and/or early aggressive therapeutics for any virus typically produces a more positive outcome for patients. Think seasonal influenza. Patients prescribed Tamiflu who begin treatment in the first 48 hours of onset of symptoms can shorten the duration of the disease (and severity). It is also an effective prophylaxis if one is exposed to others who are sick, but they, themselves, exhibit no symptoms. Zovirax is another anti-viral that inhibits HSV replication and outbreaks.

Which is why I was totally bum fuddled with the national medical community's lack of care for millions of patients during this pandemic. I have never seen doctors and other healthcare practitioners have a **step back and stand down** approach to a condition that can be life threatening for members of a vulnerable population. This includes pharmacists who typically have no problem filling off-label prescriptions.

Of course, we have never seen such public fear of a virus that for many only causes mild symptoms. Covid-19 has a recovery rate of 97-99.75% according to the CDC (August 7, 2021).

Why the overwhelming fear by so many?

Why the hands-off approach by pharmacists and healthcare providers?

In late September 2020, I caught Covid-19. As a member of more than one of the vulnerable populations (age/ health history) I knew that the chance of me developing a cytokine storm was highly likely and could be life threatening. My primary care physician in North Dakota could not help.

Luckily, I was in Texas and able to find a physician who believed in early, aggressive therapeutics. Within a few days of onset of symptoms, I was prescribed Hydroxychloroquine, Azithromycin, Corticosteroids, Vitamins D3, C, B12 and Zinc as well as Aspirin and Omeprazole to offset stomach upset from the other drugs. I was on a strict healing diet. Due to mobility issues, I was placed on a modified exercise regime to reduce the chance of developing blood clots. While ill, I was still able to care for myself and no one else in the household (five other people) contracted the virus.

Contrast that with my second go around with Covid-19 late September 2021.

I could not find anyone in North Dakota to prescribe the medications that worked so well for me in 2020. I finally found an HCP that did prescribe Ivermectin. But, they would not prescribe any other therapeutics. This time my symptoms were much worse. Upon standing, my oxygen levels plummeted to the low 70s. Weak, dehydrated and nauseous; I knew I was in trouble. I could not get an oxygen concentrator without a prescription (in other States prescriptions are not necessary). My primary physician recommended I go to the walk-in clinic.

I went to the hospital where they offered a vaccine (!), then monoclonal antibodies. Since I was already day 10+ of exhibiting symptoms, I knew the monoclonal antibodies would have minimal (if any) effect. I felt like after I refused the vaccine and monoclonal antibodies, the attending at the hospital had no real

interest in treating me. I went home hypoxic upon standing. Still no oxygen. However, I did have a prescription for nausea and an Albuterol inhaler. It was a very rough October.

The difference in treatments and care I received between the two States was illuminating. I truly believe one of the reasons for the number of fatalities in North Dakota is simply because of lack of early treatment for vulnerable patients.

Hospitals must be banned from discriminating based on vaccine status. The long-term effect(s) of these vaccines is still an unknown. Even the doctor that developed mRNA technology, Robert Malone, has concerns about their long-term effects.

Workers are smart, dedicated individuals. Many worked through the beginning of the pandemic without adequate supplies and PPEs. They too, have the right to make an informed choice that is right for them and their families. Deeply held religious beliefs, allergies to ingredients, or pre-existing conditions are just a few of the reasons one might choose to abstain from getting a vaccine.

Then there is the God given right to physical autonomy. The Thirteenth Amendment abolished slavery and involuntary servitude in 1865.

Whether one decides to be vaccinated or not, it is a personal decision that should not be subjected to government (or employer) control.

Remember, by the CDCs own numbers this virus has a 97-99.75% survival rate.

I believe by encouraging and empowering all pharmacists and healthcare providers to render early, aggressive therapeutics we can reduce the number of patients that develop life-threatening symptoms. It will lessen the number of patients that end up in the hospital. Thereby taking a strain off an already taxed system.

As this legislative body well knows, mandates are not laws. Discrimination, however, is against the law.

We have a Constitutional right to sovereignty over our own bodies. If we lose the right to bodily autonomy, we are no longer a Democratic Republic. We are (in)voluntary servants of the government.

Thank you for your consideration,

Joyce Prestriedge

Greetings,

My name is Paris King. I am a homeschool mother of 5 and a business owner in Watford City. Our family is not willing to take the vaccine due to the nature of the treatment being an mRNA treatment that does in fact change ones DNA. I have been concerned about being marginalized from society for our stance, including that of being able to receive health care. I would like the security of knowing our family can receive medical treatment when needed, and that we have access to alternative treatments like ivermectin, if needed. Thank you for your consideration, and God bless you and your families.

Sincerely,

Paris King

Chairpeople and Members of the Committee Good Morning and thank you for reading my testimony.

Hi, my name is Tiffanie Fettig, and this is my covid story.

I am 47 years old and relatively healthy. I began feeling like I was getting a cold in early October. These symptoms held on for about a week and then I began experiencing body aches and fever. After several days of rest at home, I was feeling dehydrated and I felt my condition was worsening. Since I suspected I may have been exposed to covid and I had heard that early treatment was essential, I made a trip to my local ER for care.

When I arrived for medical care, my vitals were taken and I was screened for covid. I was put into a room for isolation and given fluids while they waited for my test results. The doctor came into the room to discuss my test results. Her first question was whether I had been vaccinated for Covid-19. I shared with her that I had not. She then told me that my test was positive and asked me "Who do you think you are not getting vaccinated, Superwoman? Did you think you were immune to covid?" I do not recall answering her questions, but I do remember feeling ridiculed and judged. This doctor did not know my medical history, she did not know me, and she was making a judgment that I should have gotten the shot without understanding my individual situation.

I asked about her recommended treatment and her response was that I would possibly qualify for the antibodies treatment. I asked her to provide information on the antibodies treatment including the leaflet with the warnings regarding the medication so that I could make a decision with informed consent. She returned with a list of qualifications required in order to receive the antibodies treatment. I again asked for additional information regarding the risks of the medication and she said "It was like any others, there was a long list that no one ever reads." She did tell me that if I chose to take the treatment that they would have to "watch me very closely during the treatment and for an hour after the treatment."

I asked the doctor if she would prescribe Ivermectin. Her response "That is an animal medicine, I have not prescribed that and I am prescribing it to you." I was not asking for the animal version of ivermectin, I was asking for the version which was originally developed for humans and had been previously proven to help covid positive individuals recover and stay out of the hospital. I was asking for the dosage for my weight and my condition. I had done a fair amount of research on Ivermectin and knew that it had helped to irradiate covid in some countries.

My attending nurse shared with me that she had seen 6 covid positive patients on her shift that day, 3 fully vaccinated and 3 categorized as unvaccinated.

I left the hospital that night ill, uneducated on the antibodies treatment, and without the prescription or reasonable explanation as to why the ivermectin could not or would not be prescribed.

I contacted my primary care physician the next morning, she shared with me that it is very difficult to get Ivermectin filled at the local pharmacies. Why are medications that are working being restricted in this way?

The end of my story is I did obtain and fill a prescription for Ivermectin. I was unable to get it filled at a pharmacy in my community even though we probably have 20 to chose from and I had to wait for it to be mailed to me.

I did recover quickly after receiving the medication, and I do feel that I was denied information and care as I have not taken the covid 19 shot.

Representatives and Senators, please vote yes on HB1514 and protect the citizens of ND. If early treatment is the best medicine, we need to stop making sick patients jump through hoops to get what helps.

Tiffanie Fettig
Minot, ND

November 8, 2021

Dear Representative/Senator:

My name is Kristi Larkin and I'm sending you this email in support of HB1514 and the right to use drugs off label. Today, I'm a small business owner, but after spending almost 10 years in the pharmaceutical and medical industry, I'm experienced with a physician and their ability to write products off-label of their indication, especially when they are shown to be safe, well tolerated and are inexpensive or generic.

Pharmaceutical companies are most often reluctant to spend billions of dollars to research a drug for a new indication, especially if it's generic, as they will not recover dollars invested in research and development. Physicians write products for off-label use often.

Ivermectin – an anti-infective, is a good example of a current drug that is safe, inexpensive, considered essential by the World Health Organization, is indicated for human use (dosage based on weight) and is list on the NIH website (NIH.govtable2e) as protocol against Covid 19, updated July 8th, 2021. Anti-infectives are medicines that work to prevent or treat infections and save lives. They include antibacterial, antiviral, antifungal and antiparasitic medications.

Please support HB1514 and the right to use drug off-label by physicians in our state.

Sincerely,

Kristi L Larkin

2025 5th Street East

West Fargo, ND 58078

Please support HB 1514 protecting medical decisions and medical care of North Dakota citizens. Thank you.

Tanya Watterud
Minot ND

2021 JOINT STANDING COMMITTEE MINUTES

Technical Corrections Committee Pioneer Room, State Capitol

HB 1514
11/11/2021
AM

A BILL for an Act to create and enact a new section to chapter 23-16, a new section to chapter 43-15, and a new section to chapter 43-17 of the North Dakota Century Code, relating to a hospital patient's right to try off-label use drugs, a hospital ban on discrimination based on vaccine status, pharmacist fulfillment of off-label drug use prescriptions, and the board of medicine's authority to bring disciplinary actions; and to provide an effective date.

Co-Chair Weisz called the hearing to order, Vice Chair Porter, Representative Dockter, Richter, Louser, O'Brian, Roers Jones, Hanson Co-Chair J. Lee, Vice Chair Patten, Senators H. Anderson, Schaible, Dwyer, Kannianen, Vedaa, Bakke, present [2:56]

Discussion Topics:

- Right to try off label drugs
- COVID-19
- Pharmacist and hospital healthcare requirements
- CDC guidelines and protocols
- Ivermectin study
- Board disciplinary action

Representative Tveit provided testimony and submitted amendment 21.1116.02004 #12248, #12257 and requested that Section 3 be removed from 21.1116.02004 and renumber accordingly [2:56]

Representative Louser moved amendment 21.1116.02004 with section 3 struck [3:28].
Senator Vedaa seconds

Senators	Vote
Chair Judy Lee	N
Vice Chair Dale Patten	Y
Senator Howard Anderson	N
Senator Donald Schaible	Y
Senator Michael Dwyer	Y
Senator Jordon Kannianen	Y
Senator Shawn Vedaa	Y
Senator JoNell Bakke	N

Representatives	
Chair Robin Weisz	N
Vice Chair Todd Porter	N
Representative Jason Dockter	N
Representative David Richter	Y
Representative Scott Louser	Y
Representative Emily O'Brien	N
Representative Shannon Roers Jones	N
Representative Karla Rose Hanson	N

Motion fails
 Senators 5-3-0
 Representatives 2-6-0

Representative Weisz submitted amendment 21.1116.02005 #12246 [3;33]

Senator Anderson moved amendment 21.1116.02005 [3:37]

Representative Roers Jones seconds

Motion carries by voice vote

Senator Dwyer moved DO PASS as Amended [3:39]

Senator Vedaa seconds

Senators	Vote
Chair Judy Lee	N
Vice Chair Dale Patten	Y
Senator Howard Anderson	Y
Senator Donald Schaible	Y
Senator Michael Dwyer	Y
Senator Jordon Kannianen	Y
Senator Shawn Vedaa	Y
Senator JoNell Bakke	N
Representatives	
Chair Robin Weisz	Y
Vice Chair Todd Porter	Y

Representative Jason Dockter	Y
Representative David Richter	Y
Representative Scott Louser	Y
Representative Emily O'Brien	Y
Representative Shannon Roers Jones	Y
Representative Karla Rose Hanson	N

Motion carries 13-3-0

Senator Anderson and Representative Porter carries.

Co-Chair Weisz adjourned the hearing [3:34]

Sheldon Wolf, Committee Clerk

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1514

Page 1, line 1, after the second "chapter" insert "43-12.1, two new sections to chapter"

Page 1, line 3, after "drugs" insert "for the treatment of COVID-19"

Page 1, line 4, after "prescriptions" insert "for the treatment of COVID-19"

Page 1, line 4, after the second "of" insert "nursing, board of pharmacy, and board of"

Page 1, line 9, after "**drugs**" insert "**for the treatment or prevention of COVID-19**"

Page 1, line 10, replace "is prescribed" with "has a valid prescription for"

Page 1, line 11, after "use" insert "for the treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2"

Page 1, after line 13, insert:

"**SECTION 2.** A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

COVID-19 - Limitations on disciplinary actions.

The board may not take disciplinary action against a nurse based on the nurse distributing documented medical information, providing information regarding the nurse's professional experience or observations, or speaking against a public official. The board may not bring a disciplinary action against an advanced practice registered nurse based on the prescription of a United States food and drug administration-approved drug for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2."

Page 1, line 16, after "use" insert "**for treatment or prevention of COVID-19**"

Page 1, line 17, after the second "a" insert "valid prescription for a"

Page 1, line 18, remove "prescription"

Page 1, line 18, replace "a disease or medical condition" with "severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2"

Page 1, line 19, remove "not"

Page 1, line 20, remove ". This section does not prevent the"

Page 1, line 21, replace "pharmacist from contacting the" with ", following a conversation with the"

Page 1, after line 21, insert:

"**SECTION 4.** A new section to chapter 43-15 of the North Dakota Century Code is created and enacted as follows:

November 10, 2021

DA 11/11/21
ref2

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1514

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new section to chapter 43-12.1, a new section to chapter 43-15, and a new section to chapter 43-17 of the North Dakota Century Code, relating to disciplinary actions by the board of nursing, board of pharmacy, and board of medicine; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

Limitations on disciplinary actions.

The board may not take disciplinary action against an advanced practice registered nurse based solely on the advanced practice registered nurse prescribing or dispensing ivermectin for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action on another basis, such as unlicensed practice, inappropriate documentation, or substandard care, or any basis that would in the board's determination harm the patient.

SECTION 2. A new section to chapter 43-15 of the North Dakota Century Code is created and enacted as follows:

Limitations on disciplinary actions.

The board may not take disciplinary action against a pharmacist based solely on the pharmacist dispensing ivermectin for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action on another basis, such as unlicensed practice, inappropriate documentation, or substandard care, or any basis that would in the board's determination harm the patient.

SECTION 3. A new section to chapter 43-17 of the North Dakota Century Code is created and enacted as follows:

Limitations on disciplinary actions.

The board may not take disciplinary action against a licensee based solely on the licensee prescribing or dispensing ivermectin for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action on another basis, such as unlicensed practice, inappropriate documentation, or substandard care, or any basis that would in the board's determination harm the patient.

Do 11/11/21
2 of 2

SECTION 4. EFFECTIVE DATE. This Act becomes effective upon its filing with the secretary of state."

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1514: Joint Technical Corrections Committee (Rep. Weisz, Co-Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). HB 1514 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new section to chapter 43-12.1, a new section to chapter 43-15, and a new section to chapter 43-17 of the North Dakota Century Code, relating to disciplinary actions by the board of nursing, board of pharmacy, and board of medicine; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

Limitations on disciplinary actions.

The board may not take disciplinary action against an advanced practice registered nurse solely on the advanced practice registered nurse prescribing or dispensing ivermectin for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action on another basis, such as unlicensed practice, inappropriate documentation, or substandard care, or any basis that would in the board's determination harm the patient.

SECTION 2. A new section to chapter 43-15 of the North Dakota Century Code is created and enacted as follows:

Limitations on disciplinary actions.

The board may not take disciplinary action against a pharmacist based solely on the pharmacist dispensing ivermectin for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action on another basis, such as unlicensed practice, inappropriate documentation, or substandard care, or any basis that would in the board's determination harm the patient.

SECTION 3. A new section to chapter 43-17 of the North Dakota Century Code is created and enacted as follows:

Limitations on disciplinary actions.

The board may not take disciplinary action against a licensee based solely on the licensee prescribing or dispensing ivermectin for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action on another basis, such as unlicensed practice, inappropriate documentation, or substandard care, or any basis that would in the board's determination harm the patient.

SECTION 4. EFFECTIVE DATE. This Act becomes effective upon its filing with the secretary of state."

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1514: Joint Technical Corrections Committee (Sen. Lee, Co-Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). HB 1514 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new section to chapter 43-12.1, a new section to chapter 43-15, and a new section to chapter 43-17 of the North Dakota Century Code, relating to disciplinary actions by the board of nursing, board of pharmacy, and board of medicine; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

Limitations on disciplinary actions.

The board may not take disciplinary action against an advanced practice registered nurse solely on the advanced practice registered nurse prescribing or dispensing ivermectin for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action on another basis, such as unlicensed practice, inappropriate documentation, or substandard care, or any basis that would in the board's determination harm the patient.

SECTION 2. A new section to chapter 43-15 of the North Dakota Century Code is created and enacted as follows:

Limitations on disciplinary actions.

The board may not take disciplinary action against a pharmacist based solely on the pharmacist dispensing ivermectin for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action on another basis, such as unlicensed practice, inappropriate documentation, or substandard care, or any basis that would in the board's determination harm the patient.

SECTION 3. A new section to chapter 43-17 of the North Dakota Century Code is created and enacted as follows:

Limitations on disciplinary actions.

The board may not take disciplinary action against a licensee based solely on the licensee prescribing or dispensing ivermectin for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action on another basis, such as unlicensed practice, inappropriate documentation, or substandard care, or any basis that would in the board's determination harm the patient.

SECTION 4. EFFECTIVE DATE. This Act becomes effective upon its filing with the secretary of state."

Renumber accordingly

Rep. Mitt
Presentation of Amendment .02004

HB 1514 was and is written, as well as amended with the right of the individual, the patient, your constituent in mind, granting the Right To Try an FDA Approved, but Off-Label to Covid, under the guidance of their Provider.

There is no MANDATE to try!

In ND, Unfortunately – Our available Hospital Care is Monopolized by large groups. Limiting treatment to CDC Protocol at the most critical time in a COVID-19 patients in Hospital Critical Care. Our rural hospitals depend on these same institutions to accept and care for the transfer patient.

The cry of the public is If you get COVID, DO NOT go to the Hospital!

Thus the need for this bill and page 1, line 13-16 require Hospitals to utilize and Administer what a Qualified Provider and Pharmacist agree to, in their professional opinion and practical experience says may or will help their patient at a critical and limited time frame.

HB 1514 has been carefully vetted by all involved. I and the co-sponsors have agreed to remove Section 3 in it's entirety, I ask that you strike that portion now, allowing pharmacist to do their job – trusting their professional judgement.

All other changes in 02004, though it may be covered by other law, grants confidence and protection for all providers, pharmacies, etc. who, in their professional experience – that Off-Label usage can or may help a patient deal with this deadly virus.

I personally am convinced, once Section 3 has been removed from 21.1116.02004, and HB 1514 has passed in that form, the ND Citizens, your constituents, will have the tools they want to successfully treat or cure that virus for their loved ones.

To not pass or further amend this bill would be a grave mistake, and I, hereby wash my hands of any further consequences.

21.1116.02004
Title.

Prepared by the Legislative Council staff for
Representative Tveit
November 10, 2021

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1514

Page 1, line 1, after the second "chapter" insert "43-12.1, two new sections to chapter"

Page 1, line 3, after "drugs" insert "for the treatment of COVID-19"

Page 1, line 4, after "prescriptions" insert "for the treatment of COVID-19"

Page 1, line 4, after the second "of" insert "nursing, board of pharmacy, and board of"

Page 1, line 9, after "**drugs**" insert "**for the treatment or prevention of COVID-19**"

Page 1, line 10, replace "is prescribed" with "has a valid prescription for"

Page 1, line 11, after "use" insert "for the treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2"

Page 1, after line 13, insert:

"**SECTION 2.** A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

COVID-19 - Limitations on disciplinary actions.

The board may not take disciplinary action against a nurse based on the nurse distributing documented medical information, providing information regarding the nurse's professional experience or observations, or speaking against a public official. The board may not bring a disciplinary action against an advanced practice registered nurse based on the prescription of a United States food and drug administration-approved drug for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2."

Page 1, line 16, after "use" insert "**for treatment or prevention of COVID-19**"

Page 1, line 17, after the second "a" insert "valid prescription for a"

Page 1, line 18, remove "prescription"

Page 1, line 18, replace "a disease or medical condition" with "severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2"

Page 1, line 19, remove "not"

Page 1, line 20, remove ". This section does not prevent the"

Page 1, line 21, replace "pharmacist from contacting the" with ", following a conversation with the"

Page 1, after line 21, insert:

"**SECTION 4.** A new section to chapter 43-15 of the North Dakota Century Code is created and enacted as follows:

Introduced by

Representatives Tveit, Fisher, Kasper, K. Koppelman, Paulson

Senators Clemens, O. Larsen, Luick

(Approved by the Delayed Bills Committee)

1 A BILL for an Act to create and enact a new section to chapter 23-16, a new section to chapter
2 43-12.1, two new sections to chapter 43-15, and a new section to chapter 43-17 of the North
3 Dakota Century Code, relating to a hospital patient's right to try off-label use drugs for the
4 treatment of COVID-19, a hospital ban on discrimination based on vaccine status, pharmacist
5 fulfillment of off-label drug use prescriptions for the treatment of COVID-19, and the board of
6 nursing, board of pharmacy, and board of medicine's authority to bring disciplinary actions; and
7 to provide an effective date.

8 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

9 **SECTION 1.** A new section to chapter 23-16 of the North Dakota Century Code is created
10 and enacted as follows:

11 **Right to try off-label use drugs for the treatment or prevention of COVID-19 - Ban on**
12 **discrimination based on vaccine status.**

- 13 1. If a patient is prescribed has a valid prescription for a United States food and drug
14 administration-approved drug for off-label use for the treatment or prevention of severe
15 acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation
16 or viral fragments of SARS-CoV-2, a hospital shall honor that prescription.
17 2. In providing health care, a hospital may not discriminate against a patient based on
18 that patient's vaccine status.

19 **SECTION 2.** A new section to chapter 43-12.1 of the North Dakota Century Code is created
20 and enacted as follows:

21 **COVID-19 - Limitations on disciplinary actions.**

22 The board may not take disciplinary action against a nurse based on the nurse distributing
23 documented medical information, providing information regarding the nurse's professional
24 experience or observations, or speaking against a public official. The board may not bring a

1 disciplinary action against an advanced practice registered nurse based on the prescription of a
2 United States food and drug administration-approved drug for the off-label treatment or
3 prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or
4 any mutation or viral fragments of SARS-CoV-2.

5 **SECTION 3.** A new section to chapter 43-15 of the North Dakota Century Code is created
6 and enacted as follows:

7 **Off-label use for treatment or prevention of COVID-19.**

8 If a pharmacist receives a valid prescription for a United States food and drug
9 administration-approved drug prescription for the off-label treatment or prevention of a disease-
10 or medical condition severe acute respiratory syndrome coronavirus 2 identified as
11 SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2, the pharmacist may not
12 refuse to dispense the drug based on the pharmacist's professional judgment regarding the
13 appropriateness of the prescription. This section does not prevent the pharmacist from
14 contacting the prescriber following a conversation with the prescriber regarding the prescription.

15 **SECTION 4.** A new section to chapter 43-15 of the North Dakota Century Code is created
16 and enacted as follows:

17 **COVID-19 - Limitations on disciplinary actions.**

18 The board may not take disciplinary action against a pharmacist based on the pharmacist
19 distributing documented pharmaceutical information, providing information regarding the
20 pharmacist's professional experience or observations, or speaking against a public official. The
21 board may not bring a disciplinary action against a pharmacist based on the dispensing of a
22 validly prescribed United States food and drug administration-approved drug for the off-label
23 treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-
24 CoV-2, or any mutation or viral fragments of SARS-CoV-2.

25 **SECTION 5.** A new section to chapter 43-17 of the North Dakota Century Code is created
26 and enacted as follows:

27 **COVID-19 - Limitations on disciplinary actions.**

28 The board may not take disciplinary action against a licensee based on the licensee
29 distributing documented medical information, providing information regarding the licensee's
30 professional experience or observations, or speaking against a public official. The board may
31 not bring a disciplinary action against a licensee based on the prescription of a United States

1 food and drug administration-approved drug for the off-label treatment or prevention of severe
2 acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral
3 fragments of SARS-CoV-2.

4 **SECTION 6. EFFECTIVE DATE.** This Act becomes effective upon its filing with the
5 secretary of state.

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1514

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to create and enact a new section to chapter 43-12.1, a new section to chapter 43-15, and a new section to chapter 43-17 of the North Dakota Century Code, relating to disciplinary actions by the board of nursing, board of pharmacy, and board of medicine; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 43-12.1 of the North Dakota Century Code is created and enacted as follows:

Limitations on disciplinary actions.

The board may not take disciplinary action against an advanced practice registered nurse based solely on the advanced practice registered nurse prescribing or dispensing ivermectin for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action on another basis, such as unlicensed practice, inappropriate documentation, or substandard care, or any basis that would in the board's determination harm the patient.

SECTION 2. A new section to chapter 43-15 of the North Dakota Century Code is created and enacted as follows:

Limitations on disciplinary actions.

The board may not take disciplinary action against a pharmacist based solely on the pharmacist dispensing ivermectin for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action on another basis, such as unlicensed practice, inappropriate documentation, or substandard care, or any basis that would in the board's determination harm the patient.

SECTION 3. A new section to chapter 43-17 of the North Dakota Century Code is created and enacted as follows:

Limitations on disciplinary actions.

The board may not take disciplinary action against a licensee based solely on the licensee prescribing or dispensing ivermectin for the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action on another basis, such as unlicensed practice, inappropriate documentation, or substandard care, or any basis that would in the board's determination harm the patient.

SECTION 4. EFFECTIVE DATE. This Act becomes effective upon its filing with the secretary of state."

Renumber accordingly

Introduced by

Representatives Tveit, Fisher, Kasper, K. Koppelman, Paulson

Senators Clemens, O. Larsen, Luick

(Approved by the Delayed Bills Committee)

1 A BILL ~~for an Act to create and enact a new section to chapter 23-16, a new section to chapter~~
2 ~~43-15, and a new section to chapter 43-17 of the North Dakota Century Code, relating to a~~
3 ~~hospital patient's right to try off-label use drugs, a hospital ban on discrimination based on~~
4 ~~vaccine status, pharmacist fulfillment of off-label drug use prescriptions, and the board of~~
5 ~~medicine's authority to bring disciplinary actions; and to provide an effective date.~~ for an Act to
6 create and enact a new section to chapter 43-12.1, a new section to chapter 43-15, and a new
7 section to chapter 43-17 of the North Dakota Century Code, relating to disciplinary actions by
8 the board of nursing, board of pharmacy, and board of medicine; and to provide an effective
9 date.

10 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

11 ~~SECTION 1. A new section to chapter 23-16 of the North Dakota Century Code is created~~
12 ~~and enacted as follows:~~

13 ~~**Right to try off-label use drugs - Ban on discrimination based on vaccine status.**~~

14 ~~1. If a patient is prescribed a United States food and drug administration approved drug~~
15 ~~for off-label use, a hospital shall honor that prescription.~~

16 ~~2. In providing health care, a hospital may not discriminate against a patient based on~~
17 ~~that patient's vaccine status.~~

18 ~~SECTION 2. A new section to chapter 43-15 of the North Dakota Century Code is created~~
19 ~~and enacted as follows:~~

20 ~~**Off-label use.**~~

21 ~~If a pharmacist receives a United States food and drug administration approved drug~~
22 ~~prescription for the off-label treatment or prevention of a disease or medical condition, the~~
23 ~~pharmacist may not refuse to dispense the drug based on the pharmacist's professional~~

1 ~~judgment regarding the appropriateness of the prescription. This section does not prevent the~~
2 ~~pharmacist from contacting the prescriber regarding the prescription.~~

3 — **SECTION 3.** A new section to chapter 43-17 of the North Dakota Century Code is created
4 and enacted as follows:

5 — **COVID-19 – Limitations on disciplinary actions.**

6 — ~~The board may not take disciplinary action against a licensee based on the licensee~~
7 ~~distributing documented medical information, providing information regarding the licensee's~~
8 ~~professional experience or observations, or speaking against a public official. The board may~~
9 ~~not bring a disciplinary action against a licensee based on the prescription of a drug for the~~
10 ~~off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2 identified~~
11 ~~as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2.~~

12 — **SECTION 4. EFFECTIVE DATE.** This Act becomes effective upon its filing with the
13 secretary of state.

14 **SECTION 1.** A new section to chapter 43-12.1 of the North Dakota Century Code is created
15 and enacted as follows:

16 **Limitations on disciplinary actions.**

17 The board may not take disciplinary action against an advanced practice registered nurse
18 based solely on the advanced practice registered nurse prescribing or dispensing ivermectin for
19 the off-label treatment or prevention of severe acute respiratory syndrome coronavirus 2
20 identified as SARS-CoV-2, or any mutation or viral fragments of SARS-CoV-2. This section does
21 not limit the board from taking a disciplinary action on another basis, such as unlicensed
22 practice, inappropriate documentation, or substandard care, or any basis that would in the
23 board's determination harm the patient.

24 **SECTION 2.** A new section to chapter 43-15 of the North Dakota Century Code is created
25 and enacted as follows:

26 **Limitations on disciplinary actions.**

27 The board may not take disciplinary action against a pharmacist based solely on the
28 pharmacist dispensing ivermectin for the off-label treatment or prevention of severe acute
29 respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral
30 fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action

1 on another basis, such as unlicensed practice, inappropriate documentation, or substandard
2 care, or any basis that would in the board's determination harm the patient.

3 **SECTION 3.** A new section to chapter 43-17 of the North Dakota Century Code is created
4 and enacted as follows:

5 **Limitations on disciplinary actions.**

6 The board may not take disciplinary action against a licensee based solely on the licensee
7 prescribing or dispensing ivermectin for the off-label treatment or prevention of severe acute
8 respiratory syndrome coronavirus 2 identified as SARS-CoV-2, or any mutation or viral
9 fragments of SARS-CoV-2. This section does not limit the board from taking a disciplinary action
10 on another basis, such as unlicensed practice, inappropriate documentation, or substandard
11 care, or any basis that would in the board's determination harm the patient.

12 **SECTION 4. EFFECTIVE DATE.** This Act becomes effective upon its filing with the
13 secretary of state.